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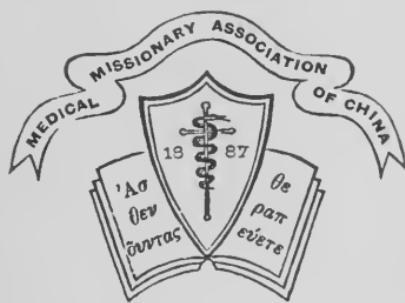
OCTOBER, 1902.

No. 4.

The China Medical Missionary Journal

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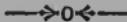
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The China Medical Missionary Journal.

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BIRTH, DEATHS, ARRIVALS, AND DEPARTURES

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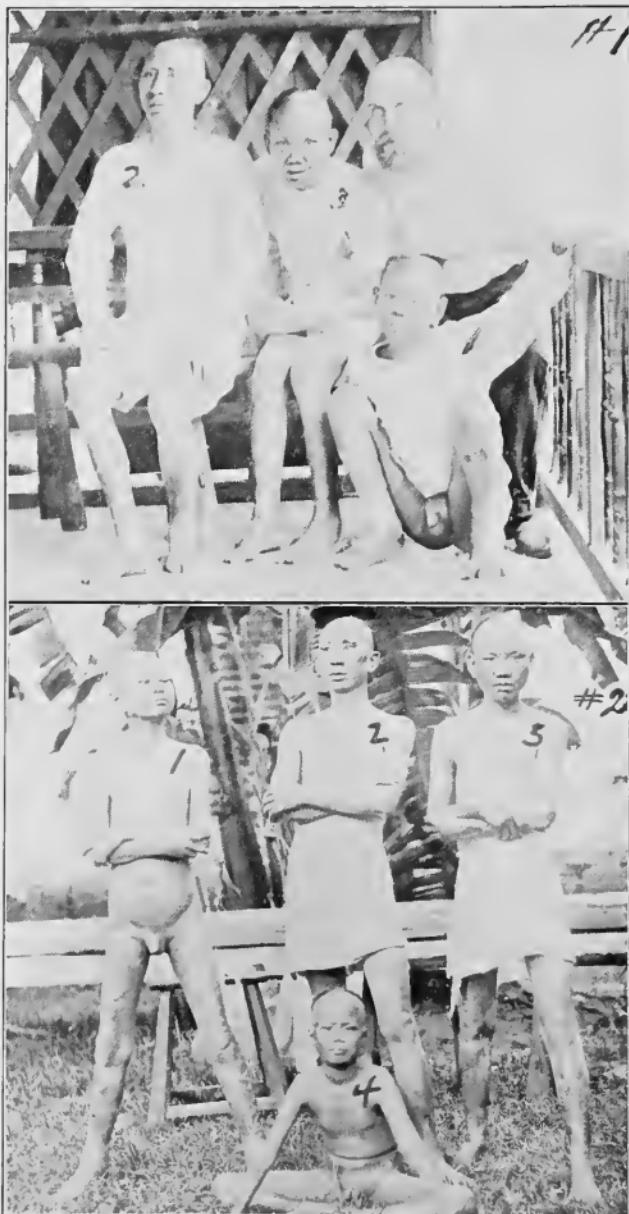
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NOTICES.

The Subscription Price for *The China Medical Missionary Journal* is Three Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserve funds with which to meet our printers' bills. SUBSCRIPTIONS should be forwarded to the Rev. G. F. Fitch, Presbyterian Mission Press, Shanghai.

Articles intended for *The China Medical Missionary Journal*, should be sent to the Editor, who solicits contributions from all Medical Practitioners in China, Corea, Japan, Siam, or elsewhere.



[SEE ARTICLE "TREATMENT OF LEPROSY."]

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OCTOBER, 1902.

No. 4.

Original Communications.

[All papers must be in the hands of the Editor two months before date of publication to insure their appearance in the following number. The editor cannot undertake to return manuscripts which are sent to him. A complimentary edition of a dozen reprints of his article will be furnished each contributor. Any number of reprints may be had at reasonable rates if a *written* order for the same accompany the paper.]

TREATMENT OF LEPROSY AS CONDUCTED BY DR. ADOLPH RAZLAG, OF VIENNA UNIVERSITY, IN CANTON.

By J. M. SWAN, M.D.

The spirit of inquiry and research so active in modern times is perhaps nowhere more actively exercised than in the domain of medicine and surgery. This spirit of inquiry and experiment is being carried to the ends of the earth, where suffering humanity is brought to feel its effects and benefits. The field of medical missions offers large opportunities for the observation and study of diseases and the practical application of modern methods of treatment. Appreciating this fact, Dr. Adolph Razlag, a graduate of Vienna University, who for the past five years has been making a special study of certain tropical diseases, applied to those in charge of the Medical Missionary Society's hospital for advice and aid as to the best means of obtaining unrestricted conditions for the treatment of patients suffering from leprosy. Dr. Razlag stated that in various countries where he had studied and successfully treated this dread disease, he had found great difficulty in securing favorable conditions; also that he had seldom been situated where he could obtain the *bond fide* testimony of physicians as to the results of treatment. After consultation with other physicians of Canton, and with the approval of the Board of Managers of this hospital, it was decided to render all possible aid to Dr. Razlag. Accommodations quite isolated from the resident portion of the hospital were provided for Dr. Razlag, and four leper patients selected from the leper home to the east of Canton

city were admitted and placed under strict quarantine. Two of these cases were far advanced and about the worst that could be found in the leper refuge which has one thousand inmates. The following points are taken from the history of these patients:—

1. Sun Tsz-lun.—Age, twenty-seven; occupation, farmer; former residence, Kowloon. No evidence of hereditary disease. Eleven years ago right foot showed signs of leprosy. Two years later ulceration began, followed by general infection. Present condition, large nodular maculae, copper-colored, on face and extremities. Lower extremities markedly oedematous and extensive ulceration involves much of the surface of legs and feet, from which there is a discharge of five or six ounces thin acrid pus daily. Glands much enlarged, patient can hardly stand or walk, almost complete aphasia.

2. Chau Hi.—Age, twenty-three; residence, Cauton; occupation, teacher. Ten years ago leper spot appeared on left elbow, followed later by general infection with glandular enlargement. Present condition shows usual signs of general infection, large nodular maculae, leonine expression, and a deep perforating ulcer on bottom of foot. No hereditary history.

3. Li Tsang.—Age, twenty-eight; residence, Canton; occupation, labourer. Thirteen years ago lepra manifestations began on face and general infection gradually followed. Anesthesia marked. No hereditary history. Present condition: face and extremities oedematous, rheumatic pains, and the other usual signs of general infection.

4. Tsih Yeung.—Age, seventeen; residence, village near Canton; occupation, labourer. Eight years ago anesthesia and lepra spots on extremities, followed by general infection with the usual signs. (This patient was received one week after the others.)

These patients were required to bathe, and appear in clean clothing, and as soon as admitted, were again put through a cold bath with Condy's fluid, new clothing given to them and old clothing and effects burned. From time of entrance every possible source of reinfection was rigidly guarded against, the premises being kept scrupulously clean and each patient required to keep his own apartment with no interchange of towels, furniture, etc. An abundant supply of wholesome food was provided three times daily, and as far as possible the patients were required to remain in the open air. Twice daily a general cold bath, strongly impregnated with either *potass. perman-ganate* or *liq. calcis sulph.* was administered. In one case only (No. 1) a large mass of indurated saphenous glands were removed from each thigh.

In this brief description it will not be possible to give the course of treatment, which is yet incomplete, in detail. The treatment varied in each case and was changed frequently according as symptoms required. Only standard remedies of the pharmacopeia were used. The following outline shows the general course of treatment:—

1st. *Local*.—General cold baths, followed by bath medicated with *potass. permang.* or double strength *liq. calcis. sulph.*; each bath being followed by friction of the indurated surfaces. (No massage or subcutaneous injections were used.) Abraded or broken surfaces were treated with *peroxide of hydrogen*, *soso-iodol*, *liq. arsenitis*, *liq. zinci chlor.*, *ung. sulpho-ichthyol ammon.*, *ung. hydrarg.*, *chrysarbin*; the strength and application of these remedies varying according to the symptoms present, and only to perfectly clean surfaces.

Second. *Internal* or constitutional.—Excretory organs kept active; special attention paid to digestive disturbances. Administration of *acid arsen.* and *sulpho-ichthyol ammon.* in pill form; *ferri ammon. cit. et strych.*, *sodii iodid*, *sodii salicyl.*, etc.; the remedies used being pushed to their full physiological effect. The treatment was personally supervised by Dr. Razlag several hours each day; a capable native helper being always at hand to assist in the work.

Photograph No. 1 shows the appearance of three of these patients when they were placed under treatment; also Dr. Razlag. Photograph No. 2 was taken after a month's treatment. After eight days, distinct improvement was manifest. Skin was somewhat softened, sensation showed signs of returning, and ulcerating surfaces showed healthy granulations with marked tendency to heal. Patients declared they felt much better. After a month's treatment the improved condition of each patient was proportionate with that shown during the first week. Pain and oedema had largely disappeared, except on the most indurated surfaces; extensive ulcerated surfaces were quite healed and the patients were rejoicing over their improved condition.

After a month's treatment an opportunity occurred to place these patients in a new building connected with the home for lepers, but quite isolated and as yet unused by anyone. This opportunity and the absence of Dr. Razlag for a short time made it advisable to remove the patients from their temporary residence at the hospital to the new quarters. Bath arrangements, special attendant, and all facilities for continuing the treatment were also transferred, as it must be continued for at least three or four months.

Remarks.—As a result of repeated observations of Dr. Razlag's faithful and self-denying work on behalf of these patients, we may conclude that leprosy is unquestionably largely amenable to treatment. Treatment is practically symptomatical, and should generally be continued for five or six months. Success depends on method, strength, and effective application of the remedies used. Each case must be studied and the symptoms met in proper order. Sudden changes in the weather affects course and progress of disease. Closure of ulcerating surfaces means more marked eruption for a time.

Dr. Razlag does not claim a radical cure for lepra, but states that the worst case may be cured to such an extent as will allow perfect liberty of the patient; and his efficient work, done under the observation of a number of the Canton physicians, bears out this statement. The following physicians observed these cases while under treatment and saw the results obtained: Dr. Webb Anderson, Dr. Townsend, Dr. Thos. McCloy, Dr. C. C. Selden, Dr. Shumaker, and the surgeon in charge of the hospital; also several gentlemen in the foreign community.

It is but fair to state that Dr. Razlag has conducted this work at practically his own expense and with a devotion shown only by those who believe in the object to be obtained and the great possibilities before us for relieving the most distressed class of suffering humanity. Dr. Razlag is grateful for the help and privileges granted by the Medical Missionary Society's hospital, and states that they far exceed those which he has ever received elsewhere. For months he lived in a shack in the Sandwich Islands, isolated from the world, while studying and treating lepra patients, and he therefore the more appreciates the assistance that has been rendered him by the Board of Managers of the Canton hospital and the various physicians resident in Canton.

This is but a hastily written general report of the work Dr. Razlag has been engaged in. Later on we may hope for a further report as to the final results of the treatment now being continued in these cases.

Canton, China, June 1st, 1902.

A CASE OF TUBAL PREGNANCY; DIAGNOSIS, RUPTURE, AND PROGRESS TOWARDS RECOVERY.

By J. D. THOMPSON, M.B., C.M.

In view of various references to extra-uterine pregnancy that have appeared in home medical journals of late, the following case may be of interest to some of your readers: The patient, a young married woman, was first seen by Dr. Hodge, of the Wesleyan Mission, Hankow, on or about the 3rd of December last. After having examined her, and as there was no accommodation for her in the city, Dr. Hodge recommended her to see me in the Concession. She came, bringing a note from Dr. Hodge, in which he said that she had two children—one fifteen months and the other two and three quarters years old—that both had been born without any trouble; that her periods, previously perfectly regular, had been, during the last two months, scanty,

dark, and bad smelling ; and that she had had some pain which she located in the right fornix. The last period, he said, came on a little too early, which was unusual for her, and lasted from the 10th to the 15th of November ; and then eight days later, i.e., on the 23rd of November, a profuse discharge of blood (just how profuse was not quite clear) came on suddenly in the middle of the night, lasted for a few hours, and was accompanied by some pain. On examination, Dr. Hodge found the uterus to be perfectly movable, normal in size and in position ; but behind and distinct from it he discovered a smooth, round, very tender body, about the size of an olive. This body, though freely movable, seemed to be attached to the uterus by a band. There was no history of dyspareunia. Dr. Hodge then went on to discuss the question whether the case was one of "a prolapsed and inflamed ovary and tube, plus a very early abortion," or "a very early extrauterine pregnancy." For various reasons, which he stated, he was at this time inclined to the former opinion.

By the time that the patient came to me the condition of affairs had changed. She had had another sudden profuse discharge of blood, accompanied by fairly severe pain. Pregnancy was suspected, and before passing a sound, which I then considered would be necessary for the full elucidation of the case, I asked Dr. Hodge to come and examine the patient along with me. The impression now conveyed by simple bi-manual examination and by examination per rectum was that of a retroflexed pregnant uterus; but the subsequent passage of a sound at once corrected this impression. The sound passed readily in the natural direction upwards and forwards slightly beyond the second mark on the sound. With the patient in the dorsal position and with my left fore and middle fingers in the vagina, steadying the uterus, and my right hand on the abdomen, I could now clearly define the uterus in normal position, but somewhat enlarged ; while behind and to the patient's right was a tumour apparently a little larger than the somewhat enlarged uterus. At this stage Dr. Hodge and I agreed that the case was most probably one of right tubal pregnancy ; and the patient was kept in hospital to be under observation. Her next period was due on the 11th of December, and on the 13th it began in the ordinary way without pain and not profuse. On the 15th she was reclining on a long chair, feeling particularly well, when suddenly on getting up to greet a lady visitor, she felt some change, not exactly pain to begin with, but a feeling as if something had given way, that "it was not all the same as before down below" as she herself expressed it. Within five minutes after this, symptoms of collapse were fairly marked, and she complained of great pain deep down in the lower part of the abdomen "like knives cutting her." Later on she could not even shift her position in bed ; the least movement causing acute pain. By the time I saw her, colour was returning to her lips, and by the aid of hot water bottles and friction her extremities were becoming

ing warm. Her pulse was slow and small, not running nor threading. On slipping the forefinger carefully into the rectum I felt that the tumour was lower and tenser than before. I therefore decided to have patience and wait, merely giving her five grains of *chloride of calcium* in solution every one and half hours and seeing that her extremities were kept warm and that she was otherwise comfortable. Next day (i.e., on the 16th) the lower part of the abdomen was very tender to touch; the abdomen in general was dilated; her temperature did not go above 99° F.; her colour and pulse improved. On the 17th she could move herself, and on the 18th she could raise herself in bed. On the 19th there was no longer tenderness in the lower part of the abdomen, and the abdomen in general, previously dilated, felt natural on palpation. From now onwards slight discharges of blood escaped; never very much, and sometimes what escaped was quite black and altered as if from the body of the tumour. The pregnancy was no doubt located in the inner third of the tube, and it is probable that after the rupture a *small* communication was established between the tumour and the womb. When black, altered blood escaped in any quantity it was invariably followed by some fresh blood and an increase of pain and tenseness in the tumour as if the relaxation caused by the escape of altered blood encouraged fresh haemorrhage which, however, quickly subsided as the tension increased. Pain was now most often referred to the back, to the right side, and to the front of the thigh under Pauparti ligament. The cervix could be felt low down in the vagina and the uterus was pushed bodily forwards, while the upper vaginal wall round the right of the uterus was bulged downwards. From the rectum the tumour could be felt bulging into the hollow of the sacrum. Micturition was not interfered with, but the bowels had a tendency to be constipated and never moved without the aid of laxatives or enemata. *Pulv. glycyrrhize co.* was given every evening, and usually a small glycerine and water enema was necessary next day, i.e., over and above the laxative. When formed the stools escaped quite flattened from the pressure of the tumour back into the hollow of the sacrum. Flatulence occasionally gave trouble, and was relieved by the exhibition of *turpentine capsules*. *Chloride of calcium*, *stypticin*, and other preparations of *ergot* were given with a view to favour clotting, to stop haemorrhage, and to hasten absorption. *Bromides* and *digitalis* were sometimes added. Suprarenal gland substance, much recommended of late, both as a local and a general haemostatic, was not procurable. The abdomen was occasionally smeared with *belladonna* and *glycerine* and a binder kept evenly and firmly applied. It may be mentioned as an interesting side event that during the second week in January some drops of milk escaped from the right breast. By the beginning of February the tumour had much diminished; the patient felt well and was able to leave hospital, though treatment is still to be continued at home and she is to report and come up for examination later on.

Though of rare occurrence, tubal pregnancy may, nevertheless, appear in the practice of any medical practitioner. The seriousness of the condition is well known. Hence the individual interest in any recorded case. The diagnosis of tubal pregnancy in its various stages is dealt with more or less succinctly in every modern system of gynaecology. Without therefore attempting to give a digest or synopsis of the diagnosis of tubal pregnancy in general it may be well briefly to call attention to two phases in the present case that seem to emphasize two possible difficulties in diagnosis. First, then, in the most difficult, the earlier, and most important stage of the case, there was the resemblance to an early uterine abortion. In the diagnosis of any case of tubal pregnancy before primary rupture of the tube "the chief points" (system of gynaecology, Allbutt and Playfair, p. 473) "are that a woman previously regular gives a definite history of a missed menstrual period; soon afterwards she suffers from pelvic pain, which induces her to seek advice; on examination an enlarged Fallopian tube is detected. If there be no history of old tubal disease, nor any fact in the history of the patient suggesting septic, endometritis, or gonorrhœa, then the presumption is in favour of a gravid tube." Again, according to the same authority (p. 474), "the symptoms of rupture are often accompanied by haemorrhage from the vagina; and shreds of decidua are passed, so that the case in many points resembles early uterine abortion, and is occasionally mistaken for it." By the time that the patient was first examined by Dr. Hodge, a haemorrhage from the vagina had occurred; but the 'swelling' (afterwards proved to be in the tube) was only about the size of 'an olive,' and the question arose, was this a case of "a prolapsed and inflamed ovary and tube, plus a very early abortion," or a case of "a very early extrauterine pregnancy?" A few days later, and just before I saw the patient, a second profuse haemorrhage from the vagina took place, and the condition of affairs was very considerably altered. This brings us to the second phase—the resemblance at this stage to a retroverted pregnant uterus with abortion threatening. There was no interference with micturition; but, nevertheless, the history of the haemorrhages and the impression conveyed by bi-manual examination and by examination per rectum would have strongly suggested the condition mentioned. The resistance of the abdominal wall was sufficient to obscure or to present the fundus of the uterus from being separately defined from the general mass felt in the ordinary bi-manual examination. Chloroform would, no doubt, have overcome the resistance of the abdominal wall and rendered possible a more thorough examination. The warning is not to rest satisfied with an imperfect examination in such a case. To us, at this stage, the passage of a sound without chloroform at once corrected the false impression conveyed by the ordinary bi-manual examination and led us to an exact appreciation of the then condition of affairs.

A CASE OF ANEURISMAL VARIX.*

By SYDNEY R. HODGE, M.R.C.S., L.R.C.P.

The case I now report is, as far as my reading goes, a somewhat rare one, and so deserving of record. I show you a specimen of an aneurismal varix of the second part of the axillary artery. The patient was a young married women, eighteen years old, admitted to our women's hospital a month ago. She had fever on admission, and was suffering from tubercular ulceration of the axillary fold. The skin was somewhat extensively involved and also some of the glands. I determined to operate and be guided by what I found as to how extensive an operation I did. At the operation, the glands of the axilla were found extensively ulcerated, and I thoroughly removed them. The operation was not very difficult, though in one or two places the glands were in intimate connexion with, though not absolutely adherent to, the large vessels. The usual gauze drain was left in and the arm secured to the side. She was a restless patient and complained much of pain in her arm, which was thought to be due to its cramped position. The fifth day after operation temperature fell to normal, and although the wound did not heal by first intention, everything seemed to be going on all right. Two days later she had some haemorrhage from the wound, which soaked the dressings, but stopped spontaneously and was not sufficient in quantity to occasion me alarm at the time. Her temperature began to rise, pain increased, and on June 4th and 5th she had hectic temperature, and the discharge was septic. Last Sunday, June 8th, three weeks after operation, she had another haemorrhage, and I was asked to see her. I found her with a temperature of 101° (the day before it having reached 104°) and a large pulsating swelling beneath the pectoral muscles on the side operated on. There was a loud bruit over the swelling, dilated veins coursing over it, some œdema of upper part of arm, and complete absence of radial pulse on that side.

I was inclined to think that an aneurism had for some reason formed and leaked, and proposed to freely expose the situation and be guided by what I found. In this course my colleague, Dr. Booth, agreed, and so in the afternoon, assisted by him, Dr. Gough giving chloroform I operated by reflecting outwards a flap of skin and then cutting through the pectoral muscles to expose the tumour. Digital exploration before this showed the track of the old operation free to the apex of axilla, but a large pulsating mass on the inner wall. Whilst examining this the sac gave way, and there was a rush of blood, which was instantly controlled by pressure on the

* A paper read before the Hankow Medical Missionary Association.

subclavian. The sac was exposed and all clot turned out. The varix had evidently burst some time before and formed a large blood tumour beneath the pectorals, and it was this tumour which gave way under the finger. We ligatured the artery on the proximal side; there was no haemorrhage from the distal side of the artery, and it could not be seen. The specimen shown was taken out from the mass of clot, and shows clearly the artery and vein side by side, with a varix of the latter and communication between the two.

The patient rallied fairly well from the operation and lived and was sensible for some eight hours, when she died from shock and general weakness.

On dissecting the part next morning the following condition of things was found: The axillary artery was obliterated a little distance below the aneurism at the place where a branch had been accidentally cut during the operation and ligatured close to the main vessel. The aneurismal varix was high up just below the clavicle in a place where only the finger and blunt scissors had been used in enucleation of the glands. The artery and vein were adherent on the proximal side of the obliteration.

The diagnosis lay between two things—an aneurism and an encysted collection of pus with communicated pulsation and which by pressure was stopping the pulse. The high temperature was in favour of the latter, but was evidently due to the suppuration of the sac. I was inclined to the aneurism view, chiefly because of the vigorous pulsation and bruit and also because the complete obliteration of the radial pulse was not probable from mere pressure of a collection of pus. This condition is not common in any position, and is usually unimportant. The position in which it occurred deprived us of some aids to diagnosis, and I thought it best to thoroughly expose the site of disease. The treatment adopted was, I think, on the whole the best, though ligature of the subclavian without any interference with the tumour may be thought by some to have been the better course, and was adopted in the only published case I have been able to find. In the case now reported, the rupture of the sac which had evidently taken place and the slight uncertainty of diagnosis led me to adopt the other alternative.

The course of events seems to have been that the clot from the ligatured branch spread into and obliterated the main vessel, leading to dilatation of the artery above. The septic conditions present led to inflammation of coats of the vessels, adhesion, communication, and formation of the aneurismal varix.

Wesleyan Methodist Mission, Hankow.

THE SPIRITUAL ASPECT OF MEDICAL MISSIONARY WORK.*

—

By THOMAS GILLISON, M.B., C.M.

I. The Objects of a Medical Mission and the Duties of a Medical Missionary.

Medical missions exist with the double object of healing the sick and of preaching the gospel. The true medical missionary therefore will be a healer of the sick and a preacher of the gospel. He will preach the gospel both by the way in which he heals the sick, as well as by the direct telling of the gospel message to the sick in soul as well as in body. This is a point of great importance; for those of us who have been longest in the work know how clamant are the demands of the medical side of our work. Our patients come with an intense sense of their needs physically and with little or none of their needs spiritually. They come in numbers; the healing takes much time, and is of absorbing interest, and taxes greatly our physical strength. Thus our very success becomes a snare, and we are in great danger of having the real work which we came to do "crowded out." Let me say here that the man who says, "I came to do the medical work, let others do the spiritual," is not to my mind the ideal medical missionary. He may have a niche to fill, but surely it must be a small one. In the mission hospital the medical missionary must take direct personal supervision of the work, both medically and spiritually, if it is to yield the best results. This does not mean that he must do it all himself; on the contrary, I believe it to be the truest policy to interest as many Christian workers as possible in the hospital and to get as many missionaries and as many native preachers and Christians to lend a helping hand at spreading the good news as possible. If a stranger missionary from other parts is making a stay in Hankow and will speak a word to the patients at our morning service, I have him in. If I saw an earnest native Christian, whom I thought would be helpful to the work, I should invite him to drop into the wards to say a word to the patients. It will do him good and them; but beyond this the medical missionary himself must take his own share in this teaching, for this is a work which no deputy can wholly relieve him of. I shall allude to this aspect later on, as it is an important one.

II. The Agencies to be employed in the Spiritual Department of the Work.

I shall only allude briefly to this division of our subject and shall group my remarks under three heads:—

1. As to the employment of a native *evangelist*.
2. As to the sale of Scriptures and tracts.
3. As to the holding of services.

*Paper read before C. C. M. M. Association, October 16th, 1901.

(1). *Evangelist.*—It is highly desirable to employ an evangelist who shall devote his energies specially to work among the patients. He should be a man who won't preach *at* the patients, but who will seek to win them—seek to understand their difficulties, be painstaking in explaining them, and be ever alive to bring in those who show an interest in the truth. In a large hospital he will have plenty to do. He will have preaching to the out-patients, the duty of inviting in-patients to the daily service, of speaking to them in the wards, of instructing inquirers, of selling books, and of keeping the medical missionary in touch with those who show an interest in the truth. Take the matter of inviting patients to the morning service. This is a matter that needs no small tact. Some are lazy, others careless and so on. It is a matter of no small consequence as to how they are brought in to hear the preaching of the gospel. If they are *driven* in, the service will lose much of its effect. If on the other hand, lovingly and tactfully brought in, much is gained and the preacher has a better audience to address.

Then it is well for the evangelist to have a room of his own to which he can invite inquirers and where he can spend a quiet time with them leading them on step by step in the knowledge of the truth. He becomes the spiritual father of many. His *personal* influence will be of no small moment.

(2) The second agency I would speak of is the sale of Scriptures and tracts, both in the out-patient department and still more in the wards. These silent messengers have done a great work in China and are destined to do a still greater. Those who come as patients to our hospitals are often from homes and villages where no colporteur has ever been, and it not infrequently happens that books are taken home by even those unable to read themselves, and are read by others in the patient's family or circle of friends. It gladdens me as I go round my wards to see the patients lying on their beds, conning over the tracts and Scriptures they have bought from the evangelist. An opportunity is thus given too to the doctor to imitate Philip the evangelist and say: "Understandest thou what thou readest?" A conversation may thus be started and much good done.

(3). *Services.*—Preaching to out-patients by the evangelist and other helpers, foreign or native, should not be neglected. In this connection I should like to say that I regret that I myself personally have done little in this line myself. I feel, too little. It is good for these patients to know that these hospitals are not simply san-t'angs, and who can tell them this better than the doctor himself, and how helpful it would be to the doctor to first talk to his patients about their souls in the waiting room and then treat them in the dispensary for their bodily ailments. It would make us speak more tenderly perhaps than in the "rush" we are apt to do. This is, I conceive it, a thing to be much regretted, that this too should be crowded out. Let us try and crowd it in, make room for it. It is worth making room for.

Another service, and the one I consider of the chief importance, is the daily service for the in-patients. This, in our hospital, is conducted by missionaries in turn a week at a time, and also by the native evangelist and assistants. At one time the addresses were directed to the purely heathen part of our audience, but for the last year or two the addresses have been partly to the heathen and partly to the Christians, i. e., our employees and others. It is a question whether it is better to have the address purely for the heathen and to have a separate service for the Christians or to have the two combined. In the latter case the teaching about the falsity of idolatry is chiefly left to the evangelist in the wards. I should like to know what others do in this matter. Of course the patients attend the Sunday services in the church adjoining (when they are able). Thus a knowledge not only of the truth but of the mode of worship is diffused abroad, and China is gradually enlightened on this vital point, on which so many delusions exist. So much for agencies employed in the hospital itself. It still remains to mention one more, viz., a colporteur to look up old patients in their homes, either those who have been baptised or who have shown an interest in the truth. This agency we have only recently started. It has been found of great value in other fields, and I hope to have more to say of it, if spared, in a year or two's time.

I should now like to pass to a few more general remarks on the spiritual work in our hospitals. Mission hospitals, to my mind, present unique opportunities for advancing the cause of Christ in this land.

Firstly.—Medical missions drawing as they do people from every quarter, can record direct Christian results in quarters that would have been otherwise untouched by any other agency. This is a very fascinating line of thought, but I leave it with you without seeking to expand it, beyond saying, that when we consider the tens of thousands of homes to which a more or less complete knowledge of the gospel has been carried by the many hospitals working in China, and the number of cases in which new work has been opened up in this way, we may well thank God and take courage. But

Secondly.—Medical missions are a practical exemplification of Christian philanthropy in a safe form, and they exemplify to the heathen that Christianity is not a mere matter of dogma only, but a practical, living, loving life. This breaks down prejudice, but prejudice takes often a long time to overcome. The Chinese have had much in the past to suffer at the hands of foreigners, as well as much to be grateful for, and the mass of the people find prejudice, especially if fanned into flame by interested parties, come more easily than gratitude, so we must be content to plod on in faith, knowing that the battle is the Lord's and the victory too. The constant observing by the patients in the wards of the life and conduct of a Christian doctor and of his Christian assistants, as it is lived before their eyes from day to day, does a

work in the breaking down of this prejudice, that it is difficult to conceive of being done in any other way. Perhaps the visiting in the homes of women by lady missionaries is the nearest approach to it. Sympathy, fellow-feeling ; these are the attributes which win men.

Thirdly.—Hospitals give us the opportunity of lending a hand in the good work that has been begun outside, e. g., a person has heard the truth outside, but the seed has not quite taken root, or a relation is a Christian, but his own mind is prejudiced. He comes to hospital ill, is kindly treated, has the truth put too in a new light, is convinced and goes home a believer. How careful such considerations should make us of how we treat any and every patient. Who knows how much of the success or failure of a young work in some country district may depend on just how we treat a single patient at such a time.

Fourthly.—Our attitude as representing the Christian religion to such questions as opium-smoking, vice, etc., also the value we put upon the salvation of the individual body and individual soul ; the equal way in which we treat rich and poor, our regard for children, our dealing with Christians who may have fallen into the sin of opium-smoking or other vice,—all these help to give a truer idea of what Christianity really is.

Fifthly.—What an opportunity is afforded in a hospital of showing something of the true place God means *suffering* to play in His divine economy. How we can explain it and how they can understand ! On one occasion an old man came to have his eyesight attended to. After two or three weeks we had to record ‘nil’ as the result of the physical treatment, but the old man had learned of Jesus while in the wards and thanked God that while he could not see with the eyes of his body he could now see with the eyes of his heart. Then too when a Christian patient shows forth in the midst of his pain the power of the grace of God, what a help to all around !

Sixthly.—The true hospital will be a hospital for the soul as well as for the body. By this I mean that oftentimes a patient comes to us who is a Christian backslider. He has not been near the “house of God,” it may be, for years. Here is a unique opportunity. Let us see what love can do, for if love cannot win him back to God, nothing else is likely to do so. God give us this heavenly love !

In these and in many other ways the opportunities of a Christian hospital are unique.

Before closing, however, I should like to add what I conceive to be helps to attaining the best results in our spiritual work.

Spiritual influence is like an electric or magnetic current, and there are many influences that may deflect that current or set it out of gear. It is not enough to have good machinery ; the connections must be attended to

and the supply needs constant renewal. We need spiritual supply for this spiritual work.

Any defects in the medical part of our work, any inattention to the sufferings or discomforts of our patients, all treating of patients simply as 'cases,' all irritation of temper, in fact all lack of true Christian sympathy with our various patients, deflects the spiritual current. But this is not only the case with the doctor, it is the same with our helpers, our nurses, and even our coolies. They even more than ourselves create a spiritual atmosphere, in which the good seed can grow. No inconsiderable part of our success or failure lies in having the right men as assistants, men who do their work in a spirit of love to Christ. The doctor has a great work and a constant burden in helping by prayer, by precept, and above all by example, to keep them right. His example often determines the action of assistants in a way he little dreams of. This burden he cannot bear unaided, but strength will be given if asked for of the great burden-bearer.

A word or two in conclusion: Treat patients as brothers, not as cases; sympathise with them medically, socially, spiritually. Get into the way of taking an interest when time allows in their personal and peculiar circumstances and thus show you are a man with fellow-feelings. Above all this get into the habit of speaking daily to at least one brother about Christ. This is helpful to him and to yourself, as it keeps this all-important motive of our work before our patients and employees. More than all wait upon God, make the work a burden in your prayers, live near to Him, so will He work through you and use you consciously and unconsciously in helping to bring China to the Saviour.

London Mission, Hankow.



MY FIRST MAJOR OPERATIONS.

By GEO. F. STOOKE, *L.R.C.P., and S. E.*

They were by no means brilliant successes. And this paper will but tell of cases that "went wrong," cases that puzzled me, that were not to be found in the books nor anticipated from the instructions of my teachers, and cases that were absolute failures. I wonder, am I alone in having such cases? I most sincerely hope so, for I would not have others endure the heart burnings I have had to undergo. The cases to be related were failures, chiefly through my ignorance, and one or two perhaps were due to carelessness. The ignorance is readily explained. Fresh from the eggshell of studentdom I was drafted to China, and after a year devoted wholly to the language, found myself put down to the full work of a mission hospital. How one longed some-

times for a senior of experience to take over the responsibility of these cases. And yet may be it was good for me that this was not so and possibly experience and confidence will come more quickly and be the surer when one has alone to see a case through from start to finish. But the process is a cruel one. It reminds me of my early school days and the way the new arrivals, mere tots some of them, were taught to swim. They were taken out in a boat by their seniors and far beyond their depth thrown right in with instructions to reach the boat. And they did it because they had to. Far beyond my depth was I in those first days of operating, and even now I fear I cannot say that the work always goes swimmingly. My seniors will, maybe, have forgotten the anxious moments they spent after their first big amputation, or their first abdominal section, and the joyous reaction when all went well, and the sore heart if all went wrong. But some of the younger men will perhaps sympathise with me and be comforted to know of another fellow-creature who has been deep in the slough of despond like themselves. If any apology were needed for an article on one's shortcomings I would give it in the words of one of our Edinburgh teachers who was fond of reiterating: "It is a hundred times more profitable to hear of a man's mistakes and failures than of his successes."

My very first amputation was a Syme's, and I was assisted by a native who handed me ligatures fresh picked up from the floor where they had fallen. Notwithstanding this the wound healed by first intention, but in a few days a dark spot appeared in centre of the heel flap. And although my operative volumes have the words, "The great point in Syme's amputation is to keep close to the bone," I had neglected the warning. My only consolation was that the man who formulated the above rule must have made the same mistake himself. And even in error it is a comfort not to be alone.

Another case that gave rise to some alarm on account of the too vigorous treatment adopted, was that of a blood cyst in the neck situated above the thyroid cartilage. The history and a hypodermic needle rendered the diagnosis easy, and the following treatment was employed. It was opened to admit a sharp spoon, the wall was scraped, and then a strong solution of iodine injected as in the treatment of hydrocele. Perhaps some of my readers will anticipate what would happen. I did not. That midnight I was called hurriedly over to the hospital; the student informing me that the man's tongue was swelling. I found the patient very distressed and his sublingual salivary glands swollen enormously, pushing the tongue against the hard palate. Incisions into the gland gave the man some ease, and in a day or so all was normal and the cyst completely closed. No teacher or book ever warned me against placing iodine in too great a proximity to a salivary gland.

A case that quite beat me was that of a man who had fractured his patella three months previously. At the time of the accident an enterprising

Chinese quack had suggested placing an iron band between the fragments in order to keep them separated, which excellent treatment was adopted. As a result on his arrival at the hospital the fragments were separated a distance of three inches. A month of daily massage brought down the separation to half an inch and then we operated. Two silver wire sutures snapped on the patient flexing his knee under *chloroform*, and having no more wire strong silk was used. An endeavour was made to still further approximate the fragments by a wedge-shaped incision into the quadriceps extensor muscle, but the help afforded by this was nil, and so we left him with three silk sutures in the patella and still a separation of half an inch. He was kept at rest for a good many weeks, and at the end of it the fragments were in the original position occupied before operation. I fancy the sutures must have cut their way out owing to the softness of the cancellous tissue of the patella. The sutures are now loose in the joint, but have given him no trouble, and all one can say is that his last state is *not* worse than the first. I would be grateful for some advice as how to deal with so widely separated patellar fragments in the future.

I suppose the first case which goes septic comes once to every man and that much self-examination is indulged in to explain the untoward accident and prevent its recurrence. The first case in our hospital was after an operation on a lipoma situated over the parotid. Why it went septic I cannot fathom. All the operations succeeding it were carried out under the same conditions seemingly, and all have done well. On the second day the skin round the wound became hypereemic and the wound had to be opened up. The discharge had an odour like that of abscesses in the mouth, and I have wondered if the infection could have come from the mouth side. But I would far rather blame myself.

Another case of partial failure was one of urinary fistula in a young lad, the result of a blow a year before. At the operation the sinus proved to be most annoyingly sinuous, and the deeper I went the narrower did its lumen become till finally I lost it and could not discover it in the wound and so could not reach the posterior section of the urethra. The trickling urine ought, I suppose, to have been sufficient guide, but it was not. The only plan I thought left me was to open the bladder suprapubically and pass a staff into the urethra from behind and then cut down on it from the perineal wound. The anterior section of the urethra was of course easily reached. Afterwards construct a new urethra between the two. The father would not consent to a further operation. I have since wondered whether dosage with *methylene blue* would have helped matters, as I have heard that it stains the urine and would probably have shown me the mucous track of the sinus. Perhaps someone can enlighten me on this point.

The last case I will mention has puzzled me somewhat. A man came with marked tertiary disease; his nose was quite destroyed and the nasal cavities presented a single large ulcerating cavity. There was also ulceration of the larynx. He was put on *mercury* and *potassium iodide* and the nose healed up rapidly and so evidently did the larynx, so much so that he began to have difficulty in his breathing. Early one morning I was called up, and the poor fellow was in extremis till I had performed a tracheotomy. Since then I have been wondering as to the wisdom of causing an ulceration of the larynx to heal. Would it have been possible to have so regulated the doses of *potassium iodide* as to keep the ulceration just in check? Or was the tracheotomy, with the prospect of a later dilatation of the constriction, orthodox treatment?

Such have been some of the sorrows of my first year. And how far off one does seem from the skill and experience of the men whose work one is so often reading of in the JOURNAL. I often wonder if they ever have a case that really beats them. Perhaps some of them will tell us of such some day.

In closing I must testify to the wonderful help and comfort of prayer in cases where one has reached his extremity. In my student days I remember I used to laugh at the story told of the medical missionary who used to pray fervently for help before extracting a tooth, and when the molar with its fangs was safely delivered, would shout exultingly, "Praise the Lord." But I smile at this no longer. True I do not make tooth extraction a matter of prayer. I have been fortunate in having had good training in this branch of surgery, but the gentleman who so prayed had evidently as little experience in tooth extraction as I have had in ovariotomy, and so he wisely cast his burden on the Lord. I pity the man who cannot do this. Never shall I forget how one of the senior surgeons in the Royal Infirmary, Edinburgh, a splendid and fearless Christian, before assembled students and professors offered prayer for help in the serious operation before him. When a life depends on your inexperienced skill, when, may be, the success of your hospital hangs on your skilful treatment of a perplexing case, oh the comfort and the assurance then of prayer; and with the good hand of the Lord upon you, you can sometimes work miracles.

The JOURNAL is a help to the younger members of the Association, in that it shows us in the cases recorded what can be done by men who were once students like ourselves. And I am sure we all aspire to have the skill and the dexterity of a Kerr, of a Douthwaite, to be able to send in a paper on "a hundred successful cases of hysterectomy, no fatal result;" 'tis a consummation devoutly to be wished.

Rankine Memorial Hospital, Ichang.

NOTES ON CASES.

By R. GIFFORD KILEBORN, M.D.

The following cases Dr. Anna Henry and I have had under treatment in the Canadian W. M. S. Hospital, Chen-tu:—

Case 1.—The patient a little girl of five years. History: Her nurse had let her fall four months previously. At time nothing was noticed, but after a couple of weeks, complained of pain in the knee; started and cried out many times during the night, and finally refused to walk. A Chinese doctor was called, who used the twisting treatment. Result: more pain. Another Chinese doctor was called, and he pulled the limb, with the same result as before. In November, 1901, she was brought by her mother to our dispensary. Limb slightly flexed and rotated inward. No trouble in the knee, but considerable thickening around the hip joint; no evidence of pus. The slightest movement caused excruciating pain. Child somewhat emaciated, and appetite poor. Parents refused to leave her in the hospital. We had a Thomas' hip splint made by a Chinese blacksmith, and did the padding ourselves. We put this on and instructed the parents to bring her once a week to the dispensary. The parents possessed more than ordinary Chinese intelligence, and carried out our instructions perfectly. We put her on *cod liver oil* and *syrup of iodide of iron*. The improvement was marked from the beginning. She wore the splint four months. Pain entirely gone, deformity corrected, and general health much improved. Considerable thickening still remained around the joint. The parents were tired of caring for her with the splint on, and agreed to let her come into the hospital for a short time. We put her to bed with a long fracture splint on to keep her quiet; also used about half a pound extension. Every sunny day took her bed into the court-yard. At end of month thickening much reduced, eats and sleeps well, general health good. Parents could not let her remain longer in the hospital, so allowed them to take her home, still wearing the long splint, as we thought it best for her not to use the limb for another two months.

I report this case to illustrate what can be done at home when one can get the intelligent co-operation of the parents. We have tried to treat cases at home before, but could never get the co-operation of the parents, and the result was failure.

Case 2.—Patient female, age thirty-eight. Growth on outer side of left thigh, high up, about the size of foetal head. First noticed about six years ago. Tumor not freely movable. Skin over it healthy; fluctuation. No pain and no heat. Diagnosis cystic tumor. Operation performed by Dr. Henry.

Patient placed under *chloroform*, skin over tumor rendered aseptic, a long cut was made over tumor and skin dissected back. Tumor peeled out perfectly clean till pedicle was reached. The pedicle was cut off. Very little bleeding, no vessels tied. Wound washed out with *bichloride* solution one in 2,000. Skin was brought together with interrupted sutures of silk. Stitch left out of lower corner for drainage. Dressed with *iodoform* and *iodoform* gauze. Temperature normal, dressings changed on fourth day. Ends of cut healing by first intention, but centre slightly puffy. Two days later, dressings changed again. Some discharge from central stitches, so removed these. About six ounces of dark serous fluid came away. Cavity washed out with solution of *permanganate of potash* and packed with *iodoform* gauze. Healing from this time was uninterrupted. Patient gained in flesh while in hospital; temperature normal throughout.

Cyst when examined, contained a dark colored fluid, walls rather thick.

OPENING UP MEDICAL WORK IN HENG-CHOW, HUNAN.

DEAR MR. EDITOR:—I should like, if you can spare me a little space in the JOURNAL, to send you a few lines regarding the opening up of work in this big city of Heng-chow. It was at the end of March of this year that we (i.e., the London Mission) pulled up stakes at Yo-chow and made a forward move into the heart of Hunan. A fortnight's travelling by native boat up the Siang River, past the big cities of Chang-sha and Siang-tan, brought us to Heng-chow. A glance at the map will show at once the position of Heng-chow. Few realise the importance of this city, for very few foreigners have ever been here. It is the great centre of South-central Hunan and a place of the first strategic importance in this vast and populous district. Look at the map and you will notice how all the big tributaries of the south of the province drain into the Siang River, at or very near to Heng-chow. The population of the city alone is reckoned at between 200,000 and 300,000, or about the same as that of Chungking in the far west.

But what I wanted to tell you was, that at the beginning of May I was able to open my dispensary; and since then I have been seeing out-patients three days in the week. At first patients came in great numbers, so many that time and strength would not permit of seeing them all, and many (our preacher talks vaguely of *hundreds*) had to go away disappointed. On one day I saw over 120. I do not believe in seeing such large numbers, but rather in seeing a few and taking pains to diagnose their complaints, but I could not help myself. I was rushed into it. After a time, however, the patients began to slack off until, when the hot weather began, they became very few indeed.

I think my chief trial during these months has been the want of a hospital. It is most disheartening to be constantly saying: "You need an operation for this disease, and that will cure you; but I cannot undertake it now. I have no place to put you. You must come again by and by when we have a hospital." It is disheartening to the doctor and it is disheartening to his patients. But I am thankful to say it will not last long. I intend to stop seeing out-patients at the end of this month for a rest, but when we re-open work again in the autumn I hope to have a small hospital ready for the reception of in-patients. This is even now being built on a recently acquired piece of property adjoining our compound. It will, however, be only a small place, capable of accommodating some eight or ten patients, but it is only intended as a temporary arrangement, and will do very well until a good permanent hospital can be built.

And this brings me to my chief point, viz., *hospital construction*. I am hoping that before very long I shall be expected to put up a really good hospital in this city. And yet I feel very much at sea as regards the planning of the same, having had no training whatever in the drawing of plans. What I want is to have before me on paper the plan of *an Ideal Medical Mission Hospital* capable of accommodating some fifty or sixty in-patients and with all necessary accessories, such as bath-rooms, etc. The waiting-room, consulting-room, and dispensary should, I think, be separate from the main building. It is the planning of the hospital proper that I find so much difficulty in. I have written to several friends about it, and was wondering what else I should do when the thought struck me to-day, "Why don't you write to the CHINA MEDICAL MISSIONARY JOURNAL? Here are the very men who can help you, brothers with you of the same Association, who have to face, or have passed through, the same difficulties, and some of them have the wealth of many years' experience at their back. What is the use of having the JOURNAL specially designed as it is as a medium of communication between the scattered members of the Association if you are not going to take advantage of it? Yes, I will write to the Editor to-night!"

And so, Mr. Editor, I have written these lines to you, and I do hope that some may feel inclined to respond and so lend a helping hand. There must be others in very much the same position as myself who would find it very helpful to get hints from those who have had experience in the planning of hospitals, or from those who, even now, may be building new hospitals.

I don't think it would be at all necessary to go into elaborate details, either in drawing or explanation; indeed very few could find the time to do so. But just a rough outline of the general plan might be of the greatest service. Or, if no drawings are sent, opinions might be expressed as to which

is the best style of building to adopt, and so on. I am sure I need not enlarge.

Earnestly hoping that this subject of *the Ideal Medical Mission Hospital* will be taken up, and trusting that I have not, in my desire to bring the matter forward, encroached too much upon your valuable space, I am,

Dear Mr. Editor,

Very sincerely yours,

ERNEST C. PEAKE,

M. B., Ch. B. (Edin.)

THE FATALITY AT CHEFOO SCHOOL.

By GEO. KING, M.B., Ch.B., Edin.

The C. I. M. boys' school, Chefoo, in its school and class-rooms, library, dining-hall, dormitories, lavatories, is wisely planned and well built, and has a large recreation field attached. The kitchen is high and roomy, but is surrounded rather closely by buildings on three sides, and although a large ventilator is fixed in the roof, during the extreme heat of July and August the atmosphere in and outside the kitchen must become very hot and close, as also that of the room on the opposite side of a small alley, in which the ice chest is kept. Much money and thought has been spent in devising means for removal of kitchen slops and refuse; the latest plan being to build a small cemented cistern in the alley outside the kitchen, into which the slops may drain. This was to be cleaned alternate days, but the men did not clean it as regularly or thoroughly as they should have done, and the emanations from it must have detracted from the wholesomeness of the air in the vicinity of the kitchen and ice chest.

The food supply is obtained from (1) the native market, (2) the mission store, (3) the school garden, (4) native vendors who hawk chickens or fruit to the school premises. Milk comes from a native dairy, but is always boiled; water from a well in the school quadrangle, out of the way of contamination, and it, too, is boiled before drinking. (1). A regular messenger orders from the native town beef, mutton, fish, and such vegetables and fruit as are not otherwise obtained. (2). The mission store stocks preserved foods (tinned, etc.) procured from home. (3). In the school garden are grown (without sewage) beets, tomatoes, lettuce, cucumber, etc. (4). Native hawkers bring to the school chickens (purchased through the cook, a reliable Christian man) and fruit (purchased only for table, and not by the school boys).

The housekeeping is under the control of a missionary lady, who endeavours in this way to be helpful to her fellow-missionaries by caring for their children.

She supervises the servants (Chinese) and the nature, quantity, quality, and preparation of the food. A cook and two assistants (Chinese) prepare the food, and three "boys" or waiters serve it. It has been customary to prepare the meat portion of Sunday's dinner on the day previous, so as to lessen Sunday work. Meat thus kept in the cold of winter doubtless remains fresh, but in the intense heat of a Chinese summer to attempt to preserve meat for twenty-four hours by means of ice is risky, specially seeing that the capacity of the ice chest and the daily supply of ice (fifty pounds) are not large.

The ice chest (sketch enclosed) is 3 ft. 2 in. high, 2 ft. 6 in. deep, 3 ft. 10 in. wide. A central funnel, 1 ft. 6 in. wide at the top, contains the ice, which drains into a receiver below. The ice chest is divided into an upper and lower compartment; the upper and shallower, closed by the lid; the lower and deeper, by two doors.

Saturday, July 5th, the usual daily fifty pounds of ice was put into the funnel, but during the morning a quantity was taken to make ice cream for the boys (the first time this year). It was specially unfortunate that the ice was thus lessened, for in the first place, it was a very hot day; and in the second, the Sunday's meat has to be preserved for twenty-four hours. When at 3 p.m. the pies which were to form the next day's tiffin were placed in the ice chest, the cook found the ice funnel only half full of ice, and next morning at 6 o'clock there was no ice left.

This (Saturday) morning the cook purchased from native hawkers eighteen chickens, which were, he testifies, all healthy. These were killed and boiled together for three hours in the usual large iron cauldron. The whole was then divided over six pie dishes; these were covered with crust and baked. After baking they were left to cool and placed in the ice chest about 3 p.m. No air holes were left in the pie crusts. The cook had not been trained to do this, and it must be remembered that in spite of there being no holes, some of the pies kept perfectly good. Two pies were placed in the upper compartment of the chest and four in the lower, and none could come in contact with the ice or the water melting from it. But the ice being so much lessened in quantity, the pies in the upper compartment can only have been kept cool, not really cold.

Saturday night was hot and close, and Sunday, July 6th, a bright, hot day. Five of the pies were served at tiffin at 12.30 p.m. The boys were seated at four tables: a long centre table, at which two pies were served; one short table parallel to it on the west side, and two short tables parallel to it on the east side. At one of the last mentioned (east) tables Mr. Bird, a master, presided, and at the other Hugh Gray Owen (a prefect). The pies served to the two short (west) tables were noticed, after opening, to smell badly, and signs were made to the waiter by at least one boy intimating this, but no complaint was made to the masters. One or two boys are said to have

declined the pie, and some did not finish their portion. Hugh Gray Owen (whose body it was on which the inquest was nominally held, and whose viscera were sent to Shanghai for examination) took neither meat nor pie crust, but only "gravy," i.e., the jelly which had been changed by the heat. Mr. Murray, the principal, presiding at the centre table, noticed the pie he served was "high." The remaining pies seem to have been good. When the pies had been once served they were removed to the sideboard, and boys desiring a second portion were served from thence by the waiters. One boy (at the west side table) asked for a second helping, and was served by the waiter, apparently from the tainted pies, and he was the only boy outside those sitting at the two east side tables who were taken ill. It seems probable that the tainted pies were those in the upper compartment of the ice chest.

With regard to the possibility of other food having been the source of poisoning or infection, the ice cream of the Saturday must be acquitted, as the first boy who fell ill, and rapidly died, is known not to have touched the ice cream. Lettuce and cucumber salad (both home grown) were served at tiffin, also (cooked) blackberries and mulberries, but these were partaken of by the whole school, and not alone by the boys at the east side tables.

Tiffin over, the waiter drew the cook's attention to the state of the pies, and he in his turn informed the lady house-keeper, who found that the pies were "fermented," and directed that they should not again be used.

I was not informed, and knew nothing of the occurrence.

The boys went upstairs shortly after tiffin and rested till 3 p.m., when they attended Sunday School classes, and were served with a piece of cake, as is usual on Sunday afternoons, at 4 o'clock. At 4.20 p.m., just as all were about to start for church, Gershom Broomhall complained to Mr. Murray of having vomited. He looked pale, and was told to lie down until the rest returned from church. Almost immediately another boy, Kay (who died next day) complained of diarrhoea, and was also sent to lie down. After the boys returned from church, they went to tea; the boy Kay came down to tea and ate heartily.

Broomhall remained upstairs, and soon afterwards was screaming with pain from cramp in his legs, having continued to vomit and purge. I was now sent for, but the message reached Dr. Yü, my colleague, and Miss Burn, our nurse, first, and they arrived a few minutes before me, and were about to put the lad into a hot bath when I arrived and took charge. I kept up the hot bath with stimulants, but he never rallied, and died in little over an hour after my arrival. When I first saw him, he was cyanosed, pulseless, face anxious, pupils dilated, extremities cold, and cramp in the calves of the legs caused him great pain at intervals. Mr. Murray mentioned to me the suspicion that tainted pies had been served at tiffin, and I asked him to find any remnants of the pies for inspection; he found, however, that these had been

thrown away, and as the whole clinical picture, taken with the preceding purging and vomiting, was that of a bad case of cholera, I looked on it as cholera and upon any taint in the pies (of which I had heard only the casual mention) as a coincidence rather than the cause. The lad's later stools, which had been preserved, resembled cholera stools in appearance, though lacking the sickening fetor I have noticed in the latter. The boy did not again vomit, nor purge consciously, but did so unconsciously later, and soon lapsed from the keenly anxious condition in which I found him into a steadily deepening unconsciousness. At death his feet and hands had a sodden appearance, suggesting "washerwoman's hands," but the prolonged hot bath in which he had been immersed for about an hour may have contributed to that. We prepared the body for burial, wrapping in a carbolized sheet, sealed up his room, and I registered the death as due to cholera, expressing my fear that it would be followed by others.

Next morning, Monday, July 7th, I was roused about 3 a.m. with the message that two boys were vomiting and purging. I hastened to the school and got these two together and under treatment, but they were followed so rapidly by others that in less than two hours seven more had been brought into the temporary sick quarters, and by 7.45 a.m. eleven were down. The lads complained (*a*) of diarrhoea, which commenced with a profuse dark green brown watery stool of the most offensively putrid odour, or (*b*) of vomiting; the vomit containing undigested food. The stronger lads were at first cheerful, but the smaller and weaker looked ill from the onset. Thirst was marked, and "treble distilled" water was freely given. Purging and vomiting continued, but stools and vomit changed in character, both consisting apparently of the water drunk, only that the stools continued very foul smelling. Stimulants and antiseptics were used, but it seemed as if, in many cases, the first alarm of illness marked the commencement of the act of dying, and that though by treatment the fatal issue might be delayed, it could not be prevented. After a varying interval the circulation steadily failed, the pulse disappeared at the wrist and never returned, though the patient lived for hours; the extremities cooled from hands and feet upwards until the arms were cold nearly to the shoulders and the legs to the hips; the thermometer in the mouth would not rise above 96°; insensibility came on and deepened into coma; the breathing became shallower and face and extremities more livid, until the patient was little else than a breathing corpse. Some, specially the stronger lads, suffered from severe cramps, causing the poor fellows to scream out with pain, and doctor and nurses, trained and volunteer, were kept incessantly busy massaging those suffering from cramps, giving water to those shouting for it, medicines and stimulants as indicated, arranging hot bottles to keep in the body heat, or caring for those purging and vomiting, and as the day wore on to these duties was added the still more sorrowful one (in which I was assisted



THE ICE CHEST.

PLAN OF TABLES.

Herbert Parry*

J. Tomkinson—	—	N. Gray Owen*
N. Whitfield*—	—	J. Reid
G. Broomhall*—	—	H. Fishe*
C. Molloy*—	—	C. Hartwell*
A. Orr Ewing†—	—	N. Gray*

Mr. Bird

Miss Basnett

Miss Shepperd

F. Momsen*—

Mr. McLaren

Hugh Gray Owen*

F. Parry†	—	Squire†
H. Faers†	—	G. Miller
S. Kay*—	—	C. Newcomb†
W. Fitch*—	—	Sandstedt*
E. Williams—	—	E. Newcomb

Mr. Murray

Davault†

* = Died.

† = Were sick but recovered.

by our brave nurse, Miss Burn) of preparing body after body for the grave. The second death occurred just before noon, and eight more died between noon and midnight, making ten deaths in all. At one time Miss Burn and I were busy preparing one body for the coffin, and there were two others waiting for us to go to. All were wrapped in well carbolized sheets and careful precautions taken with regard to discharges, bedding, etc.

Seeing that the cases had come with such a sudden rush and were all from the two tables at which the tainted pies were eaten; having, moreover, had the opportunity which I had not in Broomhall's case of observing the disease from the beginning, and having been able also to gather more complete information respecting the pies served at Sunday tiffin, I came to the conclusion that the disease was not cholera but ptomaine poisoning, and registered the second and subsequent deaths as due to that cause. One fine athlete, Hugh Gray Owen, made a magnificent fight for life, and we almost ventured to entertain a hope that he might pull through, but he also died, after thirty hours' sickness, at noon on Tuesday.

Two new cases sickened Monday evening, still from the boys at the same two tables and with the same symptoms. Another boy, Momsen, who had sat at the west side table, and so was supposed to have run no risk, was taken on Monday evening by his step-father on board the latter's steamer for a holiday, but was taken ill Tuesday morning with similar symptoms to those shown by the cases at the school and was brought ashore to the port hospital. He was treated by the port doctor, Dr. Gulowsen, and a French doctor, for cholera—amongst other means, the injection of anti-cholera serum being tried—but he died in the afternoon, bringing the deaths up to twelve. His case occasioned us special anxiety, seeing that he came from a table from which no case had yet come and at which the pie served was believed to be untainted. On enquiry it was found that he had a second helping by the "boy" from the side-board, after the removal of the pies from the tables, and it seemed probable that this second helping had been from the tainted pies.

There remained a very few boys who, though at the tables where the tainted pies were served, had not been ill, or if so, so slightly that they had made no complaint, and we hoped that this was due either to their not having taken of the poisonous parts of the pies (for it would seem as though some parts of the pies, presumably those nearest the ice, had not undergone the poisonous fermentation) or to their having been sufficiently strong to cope with any poison they had received. Any prophylactic, emetic, purgative, or intestinal antiseptic administered long after the doubtful meal was not likely to do good and might do harm. But we counted the few who had apparently escaped, and were grateful that even these were spared. Early Wednesday morning, however, one little lad, from among the few still left who had not been ill out of those who had been at the two east tables, was attacked with vomiting and

purgings, and rapidly collapsed, so that about 9 a.m. I expected he would very soon be gone. With assiduous attention, however, he was kept alive till night, when he died, making the thirteenth, and, happily, the last death. One among those attacked was also extremely ill, and had the cyanosis and collapse, previously the invariable harbingers of a fatal issue, but gradually his pulse and body heat returned, and after lying in a most critical condition for a day and a half, he began to improve, and like the others who came through is now all right.

No fewer than six medical men besides myself gave more or less attention to the cases: Dr. Yü, my colleague, rendered efficient help in many ways; Dr. Gulowsen, the port doctor, came to see the sick boys, and, with a French doctor, had one case under his sole charge in the port hospital; Dr. Guest, of the U. S. S. *New Orleans*, with Dr. Yü, examined the stools of two of the cases for cholera bacilli and could find none; Dr. Lumsden, U. S. S. *Kentucky*, visited us, and Dr. Elliott, his colleague, remained through Monday night, enabling me to get a little rest. Admiral Evans kindly lent three male nurses, whose services were most welcome, as our nurse, Miss Burn, was much overworked.

We requested H. B. M. Consul to hold an enquiry, which he did, nominally upon the body of Hugh Gray Owen, whose viscera we sent to Shanghai for examination. At the *post-mortem* the body was not shrunken, but rather fully rounded in all its normal contours; the tissues were not dry, nor drained of blood; the latter was very dark coloured (it was also so in a case in which intravenous injection of saline fluid was attempted and discarded for hypodermic injection); the heart, kidneys, and lungs were markedly contracted, specially the latter.

The "naked eye" report of the Shanghai pathologists (Drs. Macleod and Stanley) is as follows:—

"As the result of decomposition the tissues were variously altered in colour and consistence, as were the contents of the hollow organs. Apart from these changes the only abnormalities discoverable by naked eye examination were in the small intestine, kidneys, and serous covering of the heart.

"So far as it is possible to form an opinion in the presence of such decomposition, the changes in the organs named indicate the action of a poison on the small intestine, causing the congestion and excess of secretion. The toxin of cholera is known to do this and to produce changes like those met with in the kidney and heart covering. Search was therefore made microscopically in the bowel contents which contained several organisms, but that of cholera was not seen. This negative result in the presence of so much decomposition does not prove that the cholera organism has not been present, so the further step of bacteriological examination is being carried out.

"Death by poisoning by arsenic is excluded by the condition of the stomach lining.

The condition of the blood and of the tissues as to dryness, etc., when the body was opened after death is of some importance, but neither these

nor details as to duration and features of the illness have been furnished, information which, with the *post-mortem* signs, might justify a positive opinion as to the cause of death.

"The naked eye signs are compatible with death from cholera.

"Whilst it is possible that ptomaine poisoning might produce an illness with symptoms which are not unlike those of cholera we are not aware that a ptomaine could produce such a combination of conditions in the small intestine, kidneys, and heart covering as was met with in this case."

A later report adds :—

"The bacteriological examination referred to in the previous report has established the presence of the bacillus of cholera.

"We are of opinion that death was produced by cholera."

For my own part, notwithstanding these reports and the verdict which attributed death to cholera carried by the flies, I remain of the opinion that the disease was ptomaine poisoning. I think it possible that the bacillus isolated might have been one of the many other species of comma bacilli, and even if truly Koch's comma bacillus, this has been found in stools of healthy persons and has been absent even under "the most careful and most prolonged bacteriological examination" in cases of true cholera. There is no known source from which, nor means by which, cholera could be conveyed to these two tables, and these only.

I am informed that bacteriological work, such as making cultures, is done in the Shanghai laboratory by Chinese. This, taken with the prevalence of cholera in Shanghai, makes it important to know if steps were taken to ensure and to demonstrate (e.g., by control experiments) that the vessels, culture media, etc., were themselves perfectly free from cholera bacilli.

The senior C. I. M. missionaries at Chefoo, the principal of the boys' school, and the medical officer, felt it to be most important to rectify at once any defects in sanitation, kitchen ventilation, etc., brought to light by the enquiry. They submitted suggestions to the Shanghai executive, most of which were agreed to. An airier kitchen, scullery, and ice chest room are arranged for; a larger ice chest, better drainage, etc. Sunday dinners are not to be cooked on Saturday during the hot weather. The medical officer is accorded the right and duty to inspect frequently the sanitation of the compound, and it is to be hoped that he will eventually be also given the authority and funds to put right any insanitary conditions that come under his notice.

Medical and Surgical Progress.

Surgical.

Under the charge of J. PRESTON MAXWELL, M.B., B.S., F.R.C.S.

THE SURGICAL USE OF SUBCUTANEOUS INJECTIONS OF CARBOHYDRATES.

A. E. Barker, of London, has an interesting note on the above subject in the *B. M. J.* (March 29th, 1902). Any method which will enable the operator to improve the condition of an exhausted patient is of practical value, and the possibility of success in severe operations is made greater by such a method.

The one under consideration consists in the subcutaneous injection of normal saline solution with the addition of glucose.

This saccharo saline solution is quite innocuous; its strength being five per cent. of glucose added to normal saline solution.

About twenty-five grains or one litre of five per cent. solution may be injected.

The operation is extremely easy. An aspirator needle of about 1 mm. transverse section, attached to three feet of India rubber tubing, and a glass funnel are all that are necessary. Of course the apparatus is carefully sterilized by boiling and filled with the sterilized and warmed injection fluid.

The needle should be introduced under the sterilized skin of the arm near the axilla and the funnel raised about two feet. The infusion will then proceed readily, distending the subcutaneous tissues of the arm and axilla.

500 c.c. may be injected in the morning and another 500 c.c. in the evening in preparing a patient for severe operations. Sloughing of the axillary tissues need not be feared, providing aseptic precautions have been taken.

Apart from operative work, this method may prove of considerable use

in septic and other cases, where there has been a drain on the body fluids, or where toxins may be eliminated by a free flushing of the kidneys.

THE TREATMENT OF MAMMARY CARCINOMA.

In the *British Medical Journal* for January 4th, 1902, there is an important paper by Butlin on the above subject. He deals with the operation of oophorectomy in cases of this disease. His conclusions are as follows: that though in some cases there has been a wonderful retrogression of the disease, yet in these cases the benefit has been merely temporary and has but little influenced the length of life. Also in many cases this form of treatment has conferred not the slightest benefit on the patient.

To propose to substitute an operation of this kind for the local operation would be to forsake a method which has a good percentage of success for a method which so far has shown itself very uncertain and unsatisfactory. The writer had occasion to look up the *post-mortem* record of a case which had been exhibited at one of the learned societies as an example of cure. There was scarcely an organ or region in the whole body that had not cancerous deposits, and the "cure" had certainly been of short duration. In the same journal there is another paper on the same subject by Banks advocating a free local operation for this disease, with removal of the axillary glands, but combating the large operation which goes by the name of Halsted as unnecessary and involving a considerably larger risk.

There is no doubt that in some surgeons' hands the operation known

Halsted's has been attended with better results than any operation which does not touch the pectoral muscles.

As to the extra risk involved, the writer is of opinion that in the hands of competent surgeons the risk to life is no greater than by the old operation.

The wound made is large, but the parts are well in view and, provided care is taken with regard to antisepsis, the cases do well.

It must be understood that this endorsement of Halsted's operation does not apply to the one which touches the supraclavicular glands. Once these are affected the case cannot be saved, and had better be left alone. The operation with removal of the supraclavicular glands is long and dangerous, involving in many cases resection of the clavicle and a tedious dissection among the great vessels at the root of the neck.

With reference to the treatment of mammary carcinoma by drugs, thyroid extract has now had a fair trial and has signally failed to maintain the position which was claimed for it. Probably ere long it will pass into the list of vaunted cancer remedies.

SPINAL ANESTHESIA.

Any method which is safe and will at the same time accomplish a sufficiency of anaesthesia, is bound to prove a boon to the operating surgeon, especially in a region where skilled anaesthetists are rare.

The subject of spinal anaesthesia has been ably dealt with by Lea in a recent publication.*

The question which first arises, namely, Is it safe? seems hardly capable of answer at the present time.

Deaths have undoubtedly been recorded which were supposed to be due to its use, but details were not fully given, and it is difficult to be certain.

Sometimes the symptoms of pallor, vomiting, and shock are rather alarm-

* *Journal of Obstetrics and Gynecology.*
London, January, 1902.

ing, and the headache which frequently follows the use of this method may be severe.

Up to the present time *cocaine* has been mostly used, and the alarming symptoms are believed to be the result of the toxic action of this drug, and not the result of the method of administration.

Eucaine is practically useless, owing to the anaesthesia being incomplete.

Tropa cocaine has been used a few times, and it is believed that this drug will replace *cocaine* in spinal anaesthesia. As a rule the operation of injection seems to be devoid of difficulty.

Lea gives the following directions for carrying it out:—

(1). The patient should be in a sitting posture with the back well arched forwards.

(2). The spine of the fourth lumbar vertebra should now be clearly identified.

(3). The needle should be inserted one centimetre below and outside the spinous process, directed vertically downwards and inwards.

(4). Clear cerebro-spinal fluid should escape through the needle.

(5). A Pravaz syringe is attached to the needle and one cm. of a two per cent. solution of *hydrochlorate of cocaine* is very slowly injected.

(6). The needle is withdrawn and the puncture sealed with *collodion*.

N.B.—The strictest antiseptic precautions must be used.

Analgesia commences immediately, and is usually complete in five or ten minutes. It is variable in extent, but may be relied on up to the umbilicus.

Its duration is also variable; usually an hour may be counted upon as available for operative purposes.

For extra peritoneal operations the method is considered by Tuffies to be very satisfactory.

In intraperitoneal operations nausea and sickness are the reverse of helpful, and may seriously embarrass the operator. Although this method has been successfully used for many abdominal

operations, it is not likely in these cases to supplant the ordinary anæsthetic.

The dangers of the method appear to be the following :—

- (a.) Mechanical injury to the spinal cord.
- (b.) Sepsis.
- (c.) Organic nerve changes.
- (d.) Toxic symptoms.
- (e.) Death.

All these seem rare, and as to the last the matter is under discussion at the present time. It must be remembered that simple lumbar puncture has been known to be followed by a fatal result. But all these cases have been in patients with disease of the central nervous system, a condition hardly comparable to those who are in good health, as regards their nervous centres at least.

THE SURGICAL TREATMENT OF HEADACHE.

Many papers have appeared lately in the medical journals on this subject.

The beneficial effects of counter-irritation seem rather to have been forgotten in the craze after such drugs as *antipyrin*, *phenacetin*, etc., or

stimulants, such as *cocaine* or *coca wine*, which are apt to leave their own marks behind in the shape of a confirmed habit.

The remedy which is again coming to the front is the *seton*.

There is no doubt that in some cases of obstinate and paroxysmal headache, it acts like a charm.

It need hardly be said that this remedy is not a panacea for all forms of headache.

As an example of what may be accomplished by its aid, a case narrated in the *British Medical Journal* for April 26th, 1902, may be cited.

Here a patient who had become practically useless for work and whose life was almost unbearable, is restored to comfort, freed from pain, and enabled to return to work. He was not a neurotic subject, and although when the case was reported it was too early to speak of an absolute cure, still the relief obtained at little cost was as striking as it could well be. Further practice will gradually define the uses and limits of this measure, meanwhile in cases of obstinate and persistent headache, not due to a manifest organic lesion, it seems to be well worth trying.

Skin Diseases.

Under the charge of KATE C. WOODHULL, M.D.

In the *Lancet* (February 15th, 1902) Walsham discusses "the ultra-violet light from a rapid oscillation high tension arc for the treatment of skin diseases." The author has found that by passing the rays through transparent ice, the rays have a greater chance of exerting their destructive action on bactaria, because the cold when applied to a part can render it anemic. He thinks that ice thus fulfills the double action of rendering the part enemic and producing sufficient compression. In the treatment of lupus he has found that this method possesses a number of advantages. He enumerates them as follows: "(1) It is

hard enough to cause sufficient pressure; (2) it adds to this effect by increasing the enemia by cold; (3) by its transparency it allows the individual lupus nodules to be clearly seen; and (4) it is transparent to the violet and ultra-violet rays of the spectrum and opaque to the red and intra-red." —*Philadelphia Medical Journal*, February 22nd, 1902.

The following notes are taken from "General Considerations in the Treatment of Skin Diseases," by G. H. Fox, M.D., in *Medical Review of Reviews* for May and June. "In all cases of skin diseases the main factor in the

production of a cure is the *vis medicatrix naturae*. There is a natural tendency manifested by nearly all eruptions to disappear under certain conditions which do not merely act upon the skin but which influence the function of every organ of the body. In treating a skin disease it is the first duty of the physician to restore these conditions. The greatest mistake a physician is liable to make in the treatment of skin diseases is the complete reliance which he so often places upon remedies, both for internal and local use. If the physician could be induced to take a broader view of cutaneous medicine and pay less attention to the integument, his therapeutic success would be greatly enhanced.

"If, when he meets with an intractable case of eczema or psoriasis, he were willing to treat the case as if the patient had come to him without any skin disease whatever, seeking by various means to put him in the best possible physical condition, he would often find that the obstinate eruption which has withstood all methods at his command would yield spontaneously or disappear under the very remedies which he had tried in vain and pronounced of no value.

"There are few, if any, prescriptions which, in the treatment of a rebellious skin disease, will accomplish as much as systematic bathing, exercise, and diet.

"Bathing is a remedy which in cutaneous therapeutics should be esteemed on account of its prophylactic as well as its curative power. A daily bath invigorates both mind and body, quickens and equalizes the circulation of the blood, stimulates the functional activity of the whole integument, and renders it far less liable to become the seat of pathological processes.

"Incidentally it has a cleansing effect upon the surface of the skin, but this is comparatively of little importance. The main object of the bath is to refresh and invigorate, not merely to cleanse. A normally active skin was designed by nature to keep itself in a healthy condition, even without bath-

ing. It is normal perspiration that keeps the skin proper in a cleanly condition, and though soap and water may be advisable to improve the condition of the surface, it is certain that a man who works hard and perspires freely will have a far healthier skin than a man who eats heartily and leads a sedentary life, even though he may scrub continuously.

"In short the great benefit which is unmistakably derived from a daily bath is attributable not to its cleansing properties, but to its stimulant effect upon the nervous system.

"Exercise is rarely thought of as a dermatological remedy, and few, if any, writers on cutaneous therapeutics condescend to mention it. And yet there is a large class of skin diseases in which systematic daily exercise, of a more or less vigorous character, will accomplish far more than a whole pharmacopeia. With few exceptions all skin diseases, and particularly those of an inflammatory character, tend to spontaneous recovery when the patient is in a normal condition, so far as the function of the other organs are concerned.

"Nearly every obstinate case of eczema or psoriasis can be certainly and speedily cured by any judicious trainer, with no medical knowledge, if the patient is only willing to live and act as if he would have to do in case he wished to distinguish himself in some athletic contest. A man ready to enter a prize-fight or a boat race always has his skin in that perfectly normal condition in which nature intended it to remain, and from which it so often becomes perverted by improper habits of life. Why then should we not learn a lesson from the tactics of the trainer?

"The patient need not be required to enter either a fight or a race, but if he be thoroughly prepared to do either, he will doubtless find that the chronic skin disease has disappeared in the process of preparation.

"In the treatment of skin diseases nothing is more important than the

regulation of the diet. Many eruptions depend wholly or in great part on dietary errors.

"The physician may be wholly unable to determine just what article of food is most responsible for the cutaneous trouble, or just where to look for the loose screw in the digestive apparatus which prevents the assimilation of food that others can eat with impunity. He is justified, however, in assuming that some article of food or dietary habit may possibly cause the eruption, and hence a radical and even empirical change in the diet, although it may sometimes do harm will, in a large number of cases, be followed with the best results. If the patient has been a large eater of meat, let him join the vegetarians for a time; while on the other hand, if he has little or no meat and a little of everything within reach, let him try the effect of an exclusive beefsteak and hot water diet. Although this latter plan of dieting, so popular with a few physicians, is about the last which should be recommended for long continued use, it is often extremely valuable for a few days or weeks. It will frequently cleanse a coated tongue, sweeten a foul stomach and lead to the disappearance of many derangements and disorders, including some which affect the skin.

"While it is true that 'the board kills more than the sword,' and that we all eat many things that we do not need, it should be understood that a restricted diet does not necessarily imply a scanty or starvation diet. Many patients with skin diseases eat heartily, exercise but little, and are too well nourished. The first step in the treatment of such is to reduce the weight five, ten, or perhaps twenty pounds. The ointments and lotions which at first have little or no effect often act like magic when this is accomplished. But many other patients with skin diseases are thin and weak and nervous, and demand an opposite plan of treatment. Until the general condition of such patients is greatly improved, as indicated, by a

decided increase in weight, no treatment can be expected to cure the cutaneous disorder. These patients cannot afford to eat everything which they happen to fancy. Their diet should be restricted to those articles alone which tend to make flesh and blood. Medicinal tonics are a delusion and a snare when nourishment is all that is required.

"The internal use of water in the treatment of skin diseases is quite as important as its external use. Indeed if water were a very scarce commodity it would doubtless be more beneficial to renounce bathing than to limit the supply for internal use. Drinking freely of pure water tends not only to improve digestion but facilitates the functions of nearly every organ and does more to keep the skin in normal condition than is generally imagined.

"Taken frequently in copious draughts it will wash out the stomach as thoroughly as by lavage, if not as speedily. It will tend to cleanse a coated tongue and regulate the bowels as no single remedy of the pharmacopœia can possibly do. It will relieve the lithæmic condition on which so many skin diseases depend, and by striking at the root of the trouble will effect a permanent improvement which could not be expected from any external application. In prescribing this valuable remedy it is of no use to simply advise the patient to drink freely. A definite number of glasses should be ordered, amounting to two quarts, more or less, if good results are to be expected. This amount should be taken in small doses frequently repeated and upon an empty stomach, inasmuch as too much fluid with meals is apt to impair digestion. The free use of most bottled waters is recommended when patients object to the inexpensiveness or occasional impurity of Croton or other city waters; but it is the water which does the good, whether it comes from a bottle or pipe. Most of the lithia waters on the market have no special advantage over plain water in spite of

their numerous testimonials, and contain very little *lithia*, notwithstanding their name.

Diseases of the skin do not constitute a specialty any more than do diseases of the stomach or diseases of the lungs. Success in their treatment does not depend so much upon special knowledge as upon experience, sound judgment, common sense and the application of those general principles of medical science which every physician is supposed to possess.

In the *Philadelphia Medical Journal*, March 29th, 1902, W. S. Durand, of Everett, Washington, describes a case of herpes zoster. A boatman aged fifty-two. For about three weeks before the eruption of vesicles involving the left eye summit, or root of nose and left half of the forehead to the vertex of the skull, there was extreme pain in the region of distribution of the left cervical plexus and through region of the eruption, although there was absolutely no sign of any eruption in the cervical region. The vesicular eruption was profuse, the ear and region of distribution of left cervical plexus very painful. The author says: I have reported this case mainly because of the treatment used. I had used a solution of *adrenalin chloride*, 1 to 1,000, in normal *sodium chloride* solution with 0.5 per cent. *chloretoe* in a few cases of conjunctivitis and rhinitis and determined to give it a trial locally in this case. The left eye was completely closed, and as the man had lost sight in the right eye for some years, he was unable to see. I dropped a drop of the above solution in the eye, repeated it in about a minute, and in about another minute he could open his eye, which had by this time completely blanched. The swelling had completely obliterated the fold in the upper lid, and the removal of the congestion was so rapid that the fold reappeared. The use of the solution was continued, used generally diluted 1 to 10,000, four or five times a day. At times,

particularly in the morning when the eye was completely closed, a drop or two of the 1 to 1,000 solution was used. The 1 to 1,000 solution was also freely applied with camel's hair brush or pledgets of cotton over the entire region of eruption two or three times a day, when pain returned, and in from one to two minutes after its application the superficial pain had entirely disappeared. The eruption rapidly subsided and completely healed in about ten days, except two lesions just above the prominence of the forehead and a little to the left of the median line, which were and have since healed, leaving scars. There remains now but little swelling of the eye and slight ptosis. The region involved in eruption still remains very painful, however, especially the eye and supraorbital regions, unless the solution of *adrenalin chloride* with *chloretoe* is used which, however, absolutely controls the pain. The patient has described it from the first as though the surface of the brain was sore under the region of the eruption. This certainly points to the fact that the locus morbi must be deeper seated than the skin or superficial nerves. The sight in the eye has remained as good as it was, and it seems that the solution has done much to keep the eye open, allowing the hyper-secretion freely to escape or completely stop it, and thus has avoided untoward complications.

Iodine and *goosegrease*.—Dr. George T. Jackson, at the last meeting of the American Dermatological Association, May 31st, 1901 (*Journal of Cutaneous and Genito-Urinary Diseases*, June, 1901), asked the members to give trial to a combination of *iodine* and *goosegrease*, which had been extensively used at the Vanderbilt Clinic, where Dr. Jackson is instructor in dermatology. One drachm of *iodine* crystals rubbed up in an ounce of *goosegrease* is the combination, and employed in all cases of tricoophytoses, has been found to be

the most efficient means of combatting the affection, and is now used almost to the exclusion of other means when the head or beard is involved. Applied as it is at the clinic by being well brushed into the affected parts every other day, the most extensive cases of ringworm of the beard, where the neck and chin are lumpy with infiltration, have been overcome in three weeks' time at the utmost. The day after a first thorough application in these bad cases patients freely state their relief from the tense, drawn

feeling and burning sensation, and though the application is not particularly pleasant at the time, they willingly accede to it for the after relief. This application with goose-grease and *iodine* is deeply penetrating, for under the microscope hairs show staining with the *iodine* down to the bottom of their roots. On the scalp of a child it does not seem to be very irritating, and the patches get well.—*Medical Review of Reviews*, January 25th, 1902.

PRIMARY TREATMENT OF INFECTED WOUNDS WITH TINCTURE OF IODINE.

Disinfecting a wound thoroughly after infection has occurred, even though the aseptic treatment of wounds is now almost ideal, says Beck in the *Medical Record* of August 3rd, 1901, is yet practically impossible.

A drug that would penetrate the deeper layers of the infected tissue is the great desideratum. This permeating power is found to some extent in tincture of iodine. Beck has used it methodically in all infected wounds, and he considers all wounds that are not inflicted by the aseptic surgeon in an aseptic field as infected. He applies the tincture liberally once over the carefully dried wound surface. Fifteen minutes afterwards, examination of the tissues shows evidence of permeation, and no cultures can be obtained from such areas. If the bacteria are not destroyed, the soil is rendered unfavorable to their further development.

In Beck's cases no general disturbance has yet been observed in the large number of patients on whom the *iodine* treatment has been tried, although in two cases *iodine* reaction was found in the urine three and four hours after the application. The further treatment was carried out on general principles.—*Therapeutic Gazette*.

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SYDNEY R. HODGE, M.D.,
President China Medical Missionary Association.

The China Medical Missionary Journal.

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Editorial.

THE FUTURE OF THE JOURNAL.

Readers of the JOURNAL are to be congratulated that as a result of the recent election the editorship during the coming term is to be vested in two live young men residing in Shanghai, where they will be within easy reach of the printing and publishing department of the JOURNAL. It is to be hoped that thus the editing may be done more efficiently, and that, being in the metropolis of China, toward which lines of communication converge from all parts of the empire, the new editors may be able to give us more and fresher news of what is taking place in the medical mission centers scattered all over this broad land. The retiring editor would like to speak a good word for those who now assume the burden of carrying on the JOURNAL and urge all members of the Association to write them at least once a year, and if possible to send in a regular article (without waiting to be requested to do so) once every twelve-month. There is no good and sufficient reason why the JOURNAL should not be issued at least once in two months, and if we all do our duty by our new editors, they could no doubt give us a monthly issue, which would be a great improvement over the present infrequent issues and would serve to keep us in much closer touch with each other. One cannot but be impressed with the immense amount of material for first class clinical articles which is to be found in scores of mission hospitals, but which does not find its way into our JOURNAL. The present writer is greatly impressed by the fact that we are not doing our duty either to each other, or to the world at large by publishing so little of the immense amount of work that is being done in our mission hospitals. We can help each other very greatly by detailing our interesting cases and everyone has such in larger or smaller number every year), and we

can make our JOURNAL welcomed in every medical center in the world by thinking our work worth reporting. Can we not take a new start NOW and determine that hereafter we will all share the responsibility with the editors of keeping up the JOURNAL and will do all in our power to make it more helpful and better worth reading without waiting for the editors to stir us up to do our duty?

REOPENING OF MEDICAL WORK IN NORTH CHINA.

In the last issue of the JOURNAL were two articles by Drs. Peck and Gillespie giving news of what has been accomplished in Chihli and Manchuria respectively in the way of reopening medical work, and in this issue appear two letters from Drs. Atwood and Leslie telling us about Shansi and Honan.

The impression made by all of these communications is one of disappointment that the rehabilitation of medical mission work in North China goes on so slowly. It is now two full years since the Boxer bubble was pricked, and Chihli was occupied by the allies and peace began to be re-established in the disturbed districts. Yet in many places only the merest beginnings have yet been made in the reopening of medical work.

It no doubt is hard for any one not living in North China to realize, however, what a terrible upsetting was brought about in all of the five northern provinces by this Boxer disturbance. Not merely was property destroyed and workers killed, but the minds of the people generally were so excited that it is to be feared it will take years to restore them to their former tranquillity. First their hatred of the foreigner was stirred up and they were encouraged to believe it possible to drive out the foreign barbarian from the country and appropriate his goods; then, when that proved a false hope, they were torn with the fear of this same barbarian coming back in the shape of foreign soldiery to revenge his wrongs.

Even in districts where no actual violence occurred and no foreign soldiers have been seen, this same feeling of excitement has prevailed, and the results of it are still disturbing the minds of the people.

Located, as the writer is, in a part of Shantung in which the strong rule of Yuan Shih-k'ai preserved almost complete order, he had supposed that as soon as medical work was again opened up the

attendance at dispensary and hospital would quickly resume its former proportions before the outbreak. But instead of that being the case the dispensary attendance, despite the fact that medical work has been uninterruptedly carried on during the past fifteen months, shows a decrease of two or three thousand per year over the former records, while the hospital patients are not more than half the number of former years.

We, whose lot is cast in North China, must evidently look forward to a long and tedious period of reconstruction and of winning back the people to a feeling of confidence in us and in our motives. If anything is calculated to do this it is the re-establishment of, and the quiet persistent carrying on, of our medical work, not only in old centers but also in as many new ones as may be.

MEETING OF MEDICAL MISSIONARY ASSOCIATION.

A recent letter from Dr. Cousland expresses the wish that a meeting of the Association might be arranged for in the near future, with a view to settling a number of questions which have long been discussed but have never been decided, such for example as the starting of a medical journal in Chinese, the setting apart of a medical man for editorial and translation work exclusively, the appointment of a committee to pass on medical text books, the reception and passing upon of the report of the Committee on Nomenclature, which should be ready for presentation in the course of another year.

Besides these more serious matters of business there are a number of interesting questions which would come up for discussion, such as what becomes of the medical students who are trained in our medical classes, the subject of medical teaching in general, the question of charging for drugs and of self-support in mission hospitals, the evangelistic side of our work, and others which will occur to those interested in the matter. It does seem eminently desirable that within the next year or two a meeting of our Association should take place. We undoubtedly suffer as a body from too infrequent meetings together for exchange of views and for the decision of questions which are vital to our welfare.

If the Educational Association can arrange for a triennial meeting which always seems to be a great success, surely we might manage to meet once in five years to discuss progress and plan for the future.

Will it not be well to begin to plan for such a meeting in 1904 or at latest in 1905? It will take this long probably to work up the matter and make the necessary arrangements.

In severing his connection with the editorial management of the JOURNAL the retiring editor feels that it is due to Mr. Douglass, of the Press in Shanghai, to acknowledge the indebtedness of himself and the readers of the JOURNAL to Mr. Douglass for his unwearied courtesy and for his promptness in getting out the JOURNAL during the past three years. Mr. Douglass has acted as Shanghai editor; the copy for Medical and Surgical Progress being always sent to him direct and not infrequently other matter as well. It has been a great pleasure to the writer to have been associated with Mr. Douglass in the conduct of the JOURNAL.

A query which suggests itself in connection with Dr. Swan's article in the present issue, describing Dr. Raglag's work in Canton, is why more use is not made of our larger mission hospitals by experts from home for the investigation of diseases found largely in China.

No doubt those in charge of our hospitals would be glad to afford every facility within their power to anyone competent to make original investigations who might wish to make use of the clinical material available.

I am sure the JOURNAL expresses the feeling of the whole medical missionary body in China in assuring Dr. King of the sympathy of his colleagues with him in his terrible experience during the calamity in the boys' school in Chefoo.

To see nineteen bright lads stricken down within a few hours of each other and thirteen succumb, despite every means used for their recovery, is a most trying and heart-rending experience for any one, but especially for the physician who has to bear the responsibility of the treatment.

A special article by Dr. King will be found on another page of this issue. We are sure all will be glad to have this clear account of the Chefoo cases from Dr. King himself.

A recent issue of the *North-China Daily News* contained the announcement of the opening of medical work in Kai-feng-fu, the

capital of Honan, by Drs. Guinness and Carr, of the China Inland Mission. It is good news that this provincial capital, so long closed to foreigners, has at last been occupied by medical missionaries. If the writer is correctly informed the China Inland Mission has had a representative in Kai-feng-fu for some time; but this is the first attempt to open up regular medical work. We wish the doctors all success.

The JOURNAL owes an apology to Dr. Peck, of Pao-ting-fu, for allowing his name to be spelled "Peak" in the last issue, page 130, in the article "Reopening of Medical Work in Chihli." Everybody, however, knows it is Dr. Peck who is located in Pao-ting-fu.

Dr. Peake, of the London Mission, is located in Hengchow, Hunan, and the editor would beg special attention to be paid to his request on another page for plans and suggestions for hospital buildings, as the doctor is hoping to build soon.

Correspondents will please not forget that all matter intended for the Editor of the JOURNAL should hereafter be addressed to Drs. Lincoln and Jefferys, St. John's College, Shanghai.

The report of the Health Department of the Shanghai Municipal Council for 1901, made by Dr. Stanley, is a most interesting document, and is well worth procuring by every member of our Association. It shows what good work is being done in Shanghai in the way of improving the health conditions of the Settlements, which owing to the preponderance of Chinese householders is a most difficult problem, and also in the way of laboratory investigation of disease, the preparation of vaccine lymph and diphtheria antitoxin, of plague serum, and antirabic injections. Shanghai is to be congratulated on having such an up-to-date health department and such an efficient health officer as Dr. Stanley.

The JOURNAL acknowledges the receipt of the Report of the Hildesheim Missionary Society for Blind Girls in China, located in Hongkong.

MEDICAL MISSIONS.

As the years go on and practical experience of the mission fields of the world increases, certain facts are emerging which all who are interested in medical missions would do well to note.

During the last twenty years, for it is within that period that any large development of medical missions has taken place, one conclusion has been reached and is now universally accepted as to medical missionary methods, viz., that the hospital is the sphere in which the medical missionary's influence is most effective, alike for the removal of prejudice and for the evangelistic work which aims at the conversion of souls. So also it is agreed that the dispensary, or out-patient department, is very valuable, not only for the amount of physical healing which is accomplished through it, but also for the wide diffusion of an elementary knowledge of the truth throughout the surrounding country; while itineration work has its special use in breaking up new ground, in encouraging confidence toward the medical missionary on the part of those who live at a considerable distance from his centre, and in gathering in cases which could only be treated in hospital, but which, without personal contact with the missionary in their own towns or villages, would not know of the possibility of cure or would not venture to place themselves in the doctor's hands.

Another fact which increasing experience is more fully and firmly establishing concerns the duration of a mission hospital's usefulness. It used to be asserted, never by medical missionaries themselves, but by home workers who did not adequately recognise the peculiar conditions of a heathen field, that a mission hospital's work was done, and the peculiar value of a medical missionary's service was ended, so soon as a fair opening for the preaching of the gospel had been obtained in the particular region in which the hospital was planted. It is now recognised that the hospital and the medical missionary's service are needed not only to break open the way into a territory, but to be in that territory a standing, visible, readily understood witness to the heathen of the spirit and purpose of all gospel labour. Further, long after pioneering work in the ordinary sense of the word has been accomplished, there remains for the medical missionary through his hospital a continuous and extending sphere of practical usefulness to the bodies and souls of the heathen, the value of which it would be difficult to overestimate.

It is also a growing conviction among medical missionaries, a conviction which the church at home should joyfully note, that whatever may be necessary at the first entrance on a new field, there is no spiritual gain and certainly a good deal of temporal loss in regarding medical mission service as one which should in no sense be chargeable to those who partake of its bene-

fits. The majority of medical missionaries would now say that as long as they personally cannot be suspected of "making a gain" of their patients, there is no offence against the freedom of the gospel offer in seeking to meet the current expenses of hospital work by charges discreetly arranged and which could never tell hardly on the comfort of those who pay them. It should be the aim, we believe, of all medical missionaries to make the church realise as soon and as clearly as possible, that, apart from their own salaries, and it may be the initial expenses of new buildings, the medical missions should meet their own expenses. There need be no fixed rule on such a question, but the aim should be clear.

Further, it need hardly be said that the experience of the mission field has made it clear that to obtain for the gospel the largest advantage which the medical missionary agency can secure, the men who undertake such work should be men who are in the front rank, men who as students have shown their determination to make the very most of their opportunities. A good degree is of value in this respect as implying earnest work, but it is by no means essential, as time and means may hinder, but it is essential that a man who aspires to medical mission service should be known as an *earnest* student, as one who has done his best to secure practical knowledge and skill in his profession. The churches and missionary societies should put a premium on missionary service of all kinds, and not least on medical missionary service. And if this is true of the medical side of a missionary's character and attainments, it is much more true of the spiritual side. A great question needing careful examination is that which concerns the relation between opportunity and success. A skilled doctor will secure opportunity for commanding and exalting his Master Christ such as is given to almost no other, but opportunity by no means guarantees success. Indeed, it is somewhat depressing that the wealth of opportunity accorded to our medical missionary brethren and sisters does not yield a vast deal more in the way of spiritual success. We say it without fear of contradiction that the fruit of medical missionary labour is by no means as great as we have a right to expect it to be. The church at home needs to be wise in claiming not only professionally skilled, but truly spiritual workers for its medical missionary posts, and when it has got them, it needs to do a great deal more than it is yet doing in intreating God in their behalf. A church given to prayer for its missionaries would be growingly careful in their selection.

"The Centennial Survey of Foreign Missions," which has just been published by the Rev. Dr. Dennis, and in which the statistics from all parts of the world are guaranteed by the various labourers from whom they come, will surprise the Christian church. In all departments, and not least in that of medical missions, there is shown an extent of mission labour which surpasses the largest estimate ever yet made. For example, apart from all that

is being done by missionaries who are not medical, but who are nevertheless constrained by the demands of the sick to do their best for those who have no other help, it is shown that, two years ago, no fewer than 2,347,000 individual patients were annually passing through the hands of regular medical missionaries. Of these patients 85,169 passed as in-patients through the hospitals, 379 of which stood with their doors open all the year round to welcome sufferers. These are statistics which show an enormous amount of medical missionary work going on in the world, and which speak of the purpose of God in this mission age once more to use the healing of the sick in order to the more rapid and powerful diffusion of the gospel.—*Medical Missions at Home and Abroad.*

A FIRE IN CHINA.

[The following, from Dr. Kinnear's hospital report, gives a vivid picture of the way in which fires are conducted in his part of China, Foochow.]

During the night of February the 9th our house, with nearly all of its contents, our personal property, about \$750.00 (in U. S. gold) worth of hospital supplies of various kinds, and a valuable medical library, were destroyed by fire.

The fire was discovered soon after ten o'clock at night, but after the entire household had been sleeping some time, and when discovered had made such headway that there was no possibility of successfully combating it. The house was of wood, lath and plaster inside and out, with the lath nailed to narrow strips of board as is usual here in building this sort of house, so that between the posts, the walls contained large open spaces, and it burned with astonishing rapidity.

As usual the mob was on hand with its display of knives; it had soon carried away the compound gates, and though we were able to keep the crowd back pretty well at one entrance to the yard, we could not guard the other two, so that many things were stolen from the burning house and many more from among those we had managed to save. However as there was only fifteen or twenty minutes in which to work, nearly all of the more valuable things were burned. To the more or less altruistic foreigner the ways of the Chinese mob at fires do not seem attractive, and we are in a position to assure the reader that their ways do not seem any more attractive when one's own home is burning and some of its most precious contents are being carried away by people to whom one is not desirous of making presents. However, it is their way. The theory seems to be that as everything left in a burning house must necessarily be destroyed if left there, it is practically lost when the fire begins. If then one is willing to assume the necessary risk involved in getting anything out of a burning building, it becomes his property.

Not only this, it is an omen of good luck to get property in this way, so that it is considered worth while to get even things of little intrinsic value, in case valuable ones are not at hand. While these are perhaps the theories of the mob, practically a fire is an occasion for what might be called a "stealing bee," for when it is not easy to steal from burning or endangered houses, they steal from each other, using the knives and swords with which they always arm themselves at such times, with a considerable degree of freedom, when necessary to facilitate the accomplishment of their ends.

After a short time the fire had burned down enough to make it possible to get around it to the hospital, and as soon as this was the case we made a visit of inspection. The guard of soldiers that General Sung brought from the city had arrived too late to be of any help at the house, but as soon as they came they cleared the mob out of both our own and the hospital grounds. The first thing heard was the groans of two helpless patients. As to what we saw, it cannot be so easily described, except to the few who would know what is meant by saying that the hospital had been looted by a Chinese mob! During the height of the fire it seemed as if the hospital would surely ignite, and as there were only two students and a watchman there to guard the premises, while one pair of gates had been carried off and the back wall partly broken down, as anyone familiar with Chinese customs could have predicted, the premises were quickly looted. A small efficient guard from the near police station could have guarded the premises, but there were only two police present, and they were in the main compound helping us to control the front gate. So the mob had its own way. The beds of woven rattan and the bedstools were pulled from under the patients where necessary, and the helpless ones among the patients dropped upon the floor. Tables, stands, chairs, settees, book cases, cupboards, medicine-shelves, dispensing tables, lamp, clock, pictures, and even the scroll upon which were the Ten Commandments, and the tablets given by grateful patients, were carried away. When there were no more movable things to remove, the windows, doors, and blinds were wrenched from their hinges and carried away; stair-rails and anything else that could be torn away were taken. On the second floor a room for the first assistant had been partitioned off in one end of a ward. All the contents of this room were taken and the partition was torn down, so that not a sliver of wood was left to tell where it had been.

The students were able to protect their own room, after returning from carrying the instrument cabinet to the home of a Christian neighbor for safety, but while they were gone some of their things were appropriated. The dishes, all instruments not in the cabinet, and all smaller things in the operating room were stolen, but when this point was reached, the

soldiers must have come, for only one large piece of furniture from this room was taken. The medicine store-room, where most of the valuable stock of medicines was kept, was reached by passing from the operating-room through a narrow hall-way, and the key was always kept in the writer's pocket. It would have taken time to break in the door; the passage was too narrow to permit people to pass easily; few in the crowd knew of the existence of the room or its contents, and it was the nearest room to the burning house, so that this one room was left untouched, for which we were all very thankful.

A list of the things that we could recall as being missing from the hospital aggregated about \$1,800.00 Mexicans, but it was afterwards found that, as might have been expected, many items had been omitted. As this loss was the direct result of inefficient police protection, we asked, through our Consul, Hon. S. L. Gracey, that the officials make the loss good. The officials affirmed that it was all to be expected, the usual thing in China, that a Chinese house would have been treated in the same way if not strongly guarded, and that it would be equivalent to admitting that they were responsible for such things, if they were to pay anything. As a result of the pressure brought upon them by our Consul, they have expressed a willingness to "do meritorious works" by making a larger donation than usual for the hospital this year, but at the time this is printing, no money has as yet been received.

PROPITIATING THE PLAGUE SPIRITS.

[Dr. Kinnear's hospital report contains the following interesting account of measures adopted in Foochow during the plague last year.]

The idol processions that the writer met were something as follows, though the order in which the participants were arranged, if indeed there was any regular order, may not be accurately given. A group of three or four men and boys, beating gongs, headed the procession, with two men immediately behind them bearing scrolls upon which Chinese characters were written. Following were two men carrying suspended from a pole upon their shoulders a kerosine oil tin with the upper end removed. The tin was said to contain some "destroy poison" foreign medicine, probably a weak solution of carbolic acid or Jeyes fluid. The man carrying the rear end of the pole used one hand to dip a bunch of twigs into the solution, then, giving them a swing, sent a teaspoonful of this diluted antiseptic in the direction of the front of each house. After an interval came another group of musicians with gongs and drums, followed by two more scroll bearers, and then by two men, each of whom carried a bunch of smoking herbs which they waved in the direction of each door. This was supposed to complete the cleansing of the air of the

houses which had been otherwise cleansed by the teaspoonful of antiseptic solution. More noise and a group of priests wearing showy clothes completed the procession. After it had passed, the people could surely retire at peace, assured that the instructions of the idols had been obeyed!

In connection with the idol processions mentioned above, one should record some notice of the advanced measure used by the officials for the attainment of more perfect public hygiene. This consisted in publishing a notice that the people were to observe the twenty-second day of the fifth month as New Year, stop work, wear good clothes, feast and burn fire-crackers as is usual at a regular new year's day. This new year had been begun inauspiciously; the plague was devastating the city, so that the best thing conceivable was to begin over again! The evil spirits of the plague would no doubt be surprised that the old year had passed so quickly, would understand that their call had already trespassed the limits of good breeding, and at once withdraw! And this program was really carried out and the new year ushered in, before the old one was half gone, by the greatest festivities. It is difficult to understand why other nations of the world cannot see the simple logic of it all and follow the enlightened example of the followers of Confucius!

But the people by common impulse did something which accomplished more than this. It is the usual custom to keep the coffins of the deceased members of a family in the house for some time, and at stated intervals have certain rites performed to insure a happy entry of the spirit of the deceased into the spirit world. As soon as the plague became at all severe, the bodies were usually buried as soon as coffins could be obtained; in only comparatively few instances following the usual rule. While the best coffins are quite tight, so might not be a source of danger; at this time many families buried so many of their members that they could not buy good coffins, for the prices rapidly advanced while the supply was, many times, inadequate. So there can be no doubt that the prompt removal of the bodies did remove a real source of danger from the people.

At this time the absence of wailing could not fail to impress one who has lived in the Orient, for this is the usual accompaniment of all of the ceremonies connected with death and burial. But while one would meet a coffin every few rods when passing through the streets in the morning, and knew that death had visited many of the houses, there was no wailing or other sign of death. It was said that this was based upon a superstition that wailing for a person dead of the plague would attract the attention of the evil plague-spirits to the person doing the wailing, and that he was pretty sure to have the disease. While this may not be quite an accurate statement of the truth, it is no doubt true that the gathering of all of the friends for the usual wailing, the throwing of themselves about the coffin as is often done by the nearer relatives, the

drawing in of immense quantities of air which is required to produce such vocalizations and the exhaustion incident to some such performances, would all have a tendency to assist in the diffusion of the contagion.

SAVED ONES.

We were looking for a watchman, when two applicants appeared; one lame, the other partly blind. The second one was finally chosen, but the lame was so anxious for work that Dr. Machle felt that he must find something for him to do, especially as it was he who discovered the fire when an attempt was made to burn the mission house about six months after the coming of the missionaries to Sam-kong, and he was also most energetic in extinguishing the flames while the then watchman peacefully slept, unconscious of anything unusual, until the excitement was about over when he came out rubbing his eyes.

As the wards needed frequent cleaning, Dr. Machle taught him to whitewash. How proud he was of his superior knowledge! He would frequently stop with his brush poised aloft explaining to some admiring on-looker that only he and Dr. Machle knew how to whitewash properly. He had been an opium smoker, and so reduced that he had given his only son to his brother, but from the time he entered the church he never touched the drug again. In a place where we have had unusual opportunities to observe the arrogance of the Chinese, it was refreshing to find one willing to work in an humble way and always do his best. Like most Chinese men, even after he became a Christian, he seemed unable to stick to the truth when speaking to a woman, but we counted that force of habit rather than badness of heart. He died quite unexpectedly at the mission house, Sam-kong, sincerely regretted by the missionaries, although he was but an humble whitewasher.

Among the many interesting cases that have occurred among the women patients, but one can be selected. Of her Miss Johnston wrote some years ago: "A secondary wife, a widow, came to Dr. Machle for treatment for lupus. When the leg was nearly well she went back to her husband's house and her life of drudgery. The male relatives talked of selling her as a wife to some other man to pay family debts, but before this was accomplished she had a relapse, as the doctor feared. How to keep her from field work, or climbing the mountains to cut fuel, how to prevent her sale were questions with us. She was about thirty. Her face, never beautiful, wore a sullen expression, the result of a life of thankless toil. Such women can seldom use the needle. Here she was taught to do coarse mending and making garments for the little boys in school, and as she grew stronger she took charge of their persons, clothing, bedding and cooking, and seemed happy to think she could learn anything. Gradually her expression softened, her fits of temper were fewer, she entered the church,

For lack of room, she was compelled to occupy one devoted to women patients. Sometimes this was very disagreeable. Once, when we were put to our wits end by the unspeakable untidiness of an Iu woman, Sam Mui looked very cross and scolded too, and no wonder. But when to comfort her I said : 'The poor woman is very sick and knows no better, and we will bear this for Jesus' sake,' her face cleared. This is only one of many times when 'for Jesus' sake' made things endurable to her. After becoming a Christian she revisited her family and took some books, though she could not read. The young men of the family were unkind to her, but the grandfather said : 'The books are good, and Sam Mui is a different and a better woman since she has learned the doctrine.' Many notice the great change in her. The soft touch of her hand is grateful to one in pain, and I could not well conduct my school without her conscientious and efficient service." Several years have elapsed since the above sketch was written, and Sam Mui has been transferred from the school to the hospital. Her previous training in habits of cleanliness and order make her an efficient matron, and the memory of her own suffering and cure keeps her sympathetic and gentle in her treatment of the patients. She still looks cross sometimes, but the remedy Miss Johnston used years ago is as efficient as it then proved.

—Report of Lien-chow Station, Kwangtung.



Hospital Reports.

Po-na-sang Hospital, Dr. Kinnear's annual report comes to us in lurid binding and with the striking title "Lost in Flame." One turns instinctively to the contents to find out what has happened, and is grieved to find that Dr. and Mrs. Kinnear were burned out of house and home on the night of February 9th, losing nearly all their household possessions, a large amount of hospital supplies, and all the material for the making up of the annual report. Notwithstanding, however, the loss of his material Dr. Kinnear has succeeded in making "Lost in Flame" one of the most interesting reports which has reached the JOURNAL.

Extracts from the report will be found on other pages of this issue. After a long and interesting account of the outbreak of plague last year in Foochow, the report says:—

"The operations performed were 382 and presented some interesting things, but all the notes in reference to these were burned. The number of in-patients for the ten months was 308. There were 12,315 new cases and 4,000 more patients returning for treatment, making the total 16,315."

The doctor hopes to build a new hospital in the near future.

Tung-kun Hospital, "The sad events of the *Rhenish Miss. Soc.* year 1900 have in no way interfered with this year's work, which was carried on without interruption.

"19,424 visits were registered, which gives us an average of 137 patients for each of the 141 consultation days. Of the 6,336 new patients, 1,065 were eye cases and 1,517 came on account of

skin diseases. Of the 465 suffering from malaria, nearly half of them (217) had no mosquito nets, thus being exposed to the bites of mosquitoes.

"The out-door practice, which consisted mainly of suicidal and midwifery cases, shows a total of 187 visits. Of the twenty-four (eight men and sixteen women) who wished to destroy their lives, using opium to that end, twenty-two were saved; the stomach being washed with *potassium permanganate*. One man was dying and one woman already dead as we came in. The causes of attempted suicide were quarrels and gambling debts; one woman who hanged herself, could not be brought to life. We had twenty-nine midwifery cases to attend; twenty-four of them were seen by our female assistant, a former pupil of Canton.

"Of the 1,736 operations, of which our list gives a record, 484 have been performed on the eye. Twenty eyes were operated on for cataract; three of them giving an unsatisfactory result.

"The stone cases are always 'anxious ones'; in eleven of them the suprapubic, in eight the median lithotomy was performed. One of them had to be operated twice; half a year after the first operation a small newly-formed stone was found and removed. Two died in the hospital, one was removed in a critical state. Another one, from whom one large stone, weighing more than three ounces, had been removed suprapublically, caused us some trouble. On the seventeenth day after the operation, he swallowed at one meal nine bowls of rice, an unheard-of amount. The distension of the abdomen was so great that the wound gave way, causing a slight peritonitis. On the thirty-first day he left us well, but for a small fistula.

Correspondence.

Dr. Atwood writes as follows from
Reopening of Tai-ku, Shansi, under
date of June 28th:—
Shansi.

"Yours of June 3rd was duly received by me here.

The request for an article on 'Re-opening of Medical Work in Shansi' would naturally seem a reasonable one after the length of time that has elapsed since the tornado that tore up everything in the province in the nature of medical work.

If the work of 'healing' be regarded as including that of healing the breach resulting from those traumatic causes, something may be said as to what has been done in the line of healing this lesion.

The most useful of the measures taken here and at Fen-cho-fu (principally at Tai-ku) was the establishment of the famine relief gruel-kitchens and lodging houses. Two stations were opened; one in the east suburb (village of Yang-chia-chuang) and one in the south suburb (village of Hu-chia-chuang). In the former village the headmen turned over the public building for our use, and here we opened a refuge for women and children, while in the latter village, in a block of old buildings, bought some years ago by the missionaries here to be pulled down for rebuilding, a relief station was opened for aged men (over sixty years) and children. Men of middle age were referred to the government gruel kitchen conducted by the magistrate in the west suburb.

These 'kitchens' were opened about the last of November, and by Christmas the applicants numbered 1,500, and the number rapidly increased until the close of the institution for lack of funds on the fifteenth of the second moon, when there were some 3,000 applicants for gruel and several hundred for lodgings, while many of

the nearly naked had been supplied with wadded clothing bought in large quantities for the purpose at the pawn shops. The gentry and officials were not slow in recognizing the nature of this rather good-sized pan of coals, and the officials have been provoked to furnish an unusual amount of silver and to furnish an unusually nourishing quality of gruel in the rival kitchens.

The Medical Association who was left in charge of the work at Tai-ku during the winter, besides superintending the relief work, has had charge of an opium refuge, in which nearly a hundred victims of the habit were enabled to break off successfully.

Incidentally also many cases of illness were treated among the poor applicants for relief, many of whom were in extreme condition on their arrival at the relief stations. Some forty or fifty required the last of earthly services, and were furnished coffins and burial in the potter's field, first given as a resting place for the remains of the martyrs but afterwards given to the public for the above mentioned use.

The plot finally secured from the government for a cemetery for the martyrs of the American Board Mission in Shansi is a fine park, with large shade-trees full grown and about 600 feet square with additions that have since been secured. The grounds and a considerable number of buildings formerly belonged to a club in the city; they will make an ideal site for hospital work, and many of the buildings can be used for this purpose with slight repairs.

The matter of gravest concern here now is the imminent danger of famine.

There have been no rains of any consequence since February and no kaoliang or millet could be sown, and the fields are brown and bare, even the reeds not being able to obtain moisture enough to live. Unless the summer rains come within a fortnight the

whole province will have a terrible calamity staring it in the face, with no railroad in the province to move grain or food stuffs for relief. There is strong probability that great opportunity will be afforded for the exercise of Christian charity."

Dr. Leslie, of the Canadian Presbyterian Mission, *Reopening of Medical Work in North Honan.* writes as follows from North Honan:—

"When our missionaries returned to this field in the fall of last year other and more urgent duties prevented adequate attention being given to medical work; on my arrival from the home land I found the space allotted to the dispensary, a room of fifteen by ten feet, into which were crowded two tables, several benches for the patients, rough boards placed on bricks acting for shelves, and a very incomplete assortment of drugs and instruments, while for operating table, a door was supported, one end on a table, the other on the back of a chair; this convenience had soon to be sacrificed to an inconsiderate missionary who laid claim to personal property and removed our operating table. However we soon had it replaced by a well-polished board supported on two trestles, and thus our normal condition of former years was restored.

Patients have steadily increased from an average of about thirty daily to an occasional eighty or more, but the more usual average is sixty. The people are coming to us with great readiness from far and near, and there seems to be as great a confidence in us as ever before.

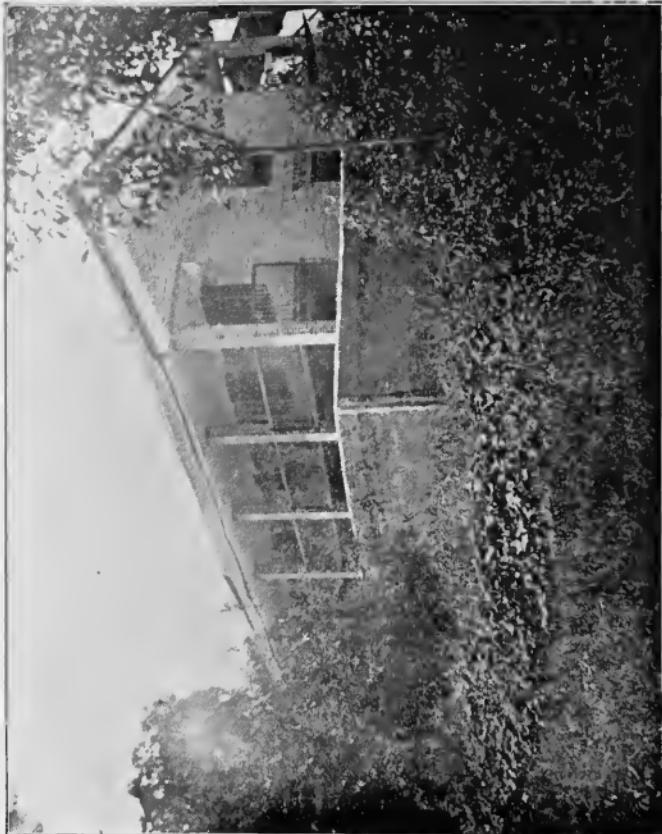
Every class in the community is represented among our patients and every form of illness claims our attention—among the more common being gastric disturbances, itch, cataract, glaucoma, granular eyelids, ague cake, and venereal diseases, especially among the soldiers in neighboring cantups.

Among the discouraging conditions which we frequently meet, are the cases of oesophageal stricture, for whom we have been able to do so little, and we are pained because we have to turn them away almost daily with nothing before them but starvation by inches; while another class of pitiable patients are those suffering from ascites going on to general anasarca, and not showing cardiac or renal lesions, nor enlargement of the spleen or liver in the majority of cases. It seems to us that this condition is probably dependent upon a cirrhosis of the spleen or liver or often both. Tapping seems to have but little effect upon these patients as the condition very soon returns and we have felt at a great loss to know how to relieve this condition.

We have been interested in a case which came under observation not long ago of a boy about eight years of age, who was suffering from the condition of primary muscular atrophy (*dystrophia muscularis progressive of Erb*). The atrophy was preceded by hypertrophy and the two conditions could be noticed in different groups of muscles. When the child was in the characteristic squatting position he was unable to rise without assisting himself to his feet by the aid of his hands on the ground, when the erect posture would be obtained very gradually and with apparent effort. A case which I saw some three or four years ago was even more marked than this one, and the patient, also a boy of about ten years, reproduced the classic symptom of 'climbing up his legs,' on any attempt to rise from a recumbent or stooping posture.

The feature of our work which gives us the greatest satisfaction however is the evangelistic opportunity among the patients, all of whom hear the gospel as they come for daily treatment, while a daily service is also conducted among the in-patients, and it is among these latter that our greatest encouragement is found. Not a few have obtained an intelligent knowledge of the gospel and apparent-

WOMEN'S HOSPITAL, LIENCHOW.



ly have taken a personal interest, and made a likewise personal application; in past years we have had encouraging results from this class of hearers and this is what we labor and hope for in our daily work among them."

Mrs. Machle sends the following correction from *Women's Hospital in Lien-chow, Kwang-tung.* Lien-chow, under date of May 31st:—

"In looking over the letters in the last number of the MEDICAL JOURNAL I found in a letter from Dr. Fulton that she claimed to have the first hospital for women only in the two Kwongs. Although members of the same mission, it is not surprising, leading such a busy absorbed life, that she has forgotten the one at Lien-chow, commenced by Dr. Chesnut in 1899 and far outstripping the one ward to which Dr. Fulton refers, and was built some time previously. The main building contains two wards, operating room, waiting room, dispensary, and four other apartments, at present devoted

to the use of the foreign physician and Chinese assistants. The children's ward, a large and pleasant room, derives special interest from the fact of its having been erected as a memorial to Mrs. Jane Johnston, for many years president of the Peoria Presbyterial Society. Outside of the main building are the three rooms erected by the Chinese; a kitchen and very pleasant dining room for the patients able to be around, two kitchens for helpers and two more for patients. These buildings are situated opposite the hospital for men, in charge of Dr. Machle, and are all enclosed by a wall. The accompanying photograph is enough to convince any one that the building is here and the report of work done will show that it has been used. Dr. Chesnut started on a well earned furlough on May 12th. I am sure Dr. Fulton would be the first to wish the error corrected, which I hope you will kindly do in your next issue."

Following are the statistics of medical work in Lien-chow for the past decade.

Date.	Dispensary and Hospital.	Out-patients.	In-patients.	Operations.	Visits.	Itineration.	Total.	Remarks.
1890	Sam-kong	300						
1891	"	2,000	48	160	58		2,106	Lower floor of mission house (four months).
1892	Lien-chow	4,424	73				4,497	" " " " (seven ").
"	Sam-kong	3,245	93	194	116	1,813	5,267	Dispensary only. Lower floor of mission house.
1893	"	3,107	103	97	25		3,264	" " " " "
1894	"	3,978	176	167	112	1,498	5,764	" " " " "
"	Lien-chow	918			38		956	
1895	Sam-kong	1,0386	126	31	338		10,850	
"	Lien-chow	692		16			708	Open three months.
1896	Sam-kong	6,385	94	161	332	4,520	11,331	Dr. Chesnut's first year of medical work.
"	" F.	4,108	51		8		4,159	
"	Lien-chow	1,619			8		1,627	
1897	"	2,069	67	38	18	601	2,755	Hospital transferred to Lien-chow latter part of year.
"	Sam-kong	3,258	74	102	260		3,592	
"	" F.	2,606	28	77		650	3,344	
1898	Lien-chow	4,288	211		60		4,697	Dr. Chesnut had charge of work while Dr. Machle and family were home on furlough in 1898-1899.
"	" F.	671				671		
"	Sam-kong	1,255				1,255		
1899	" F.	2,962	36		64		3,062	
1899	Lien-chow	2,868	1,170	93	96		4,134	
"	" F.	1,478				1,478		
"	Sam-kong	802				802		
"	" F.	827				827		
1900	"	761				761		
"	Lien-chow	3,351	520		47	500	4,415	Records for eight months.
"	" F.	980	109		8	603	" " " " Boxer movement.	
1901	"	1,886	105	74	81	528	1,700	
"	" F.	847	73		7		2,674	Records for four months. " "
"	Sam-kong	529					957	" " " " "
"	" F.	467					529	" " " " "
	Total ..	73,227	3,193	1,210	1,671	11,313	88,604	

Dr. R. Gifford Kilborn writes from Chen-tu, Szechuan, under date of June, 17th :—

"The promise for grand results in our work was never better than now, if only the Boxers, leave us in peace. Report says they are flourishing in the towns and villages. A great deal of sickness prevails in the city now caused no doubt by the long continued dry weather and high temperature. Unless rain comes in quantity now, the coming winter will see much want and suffering. Dr. Kilborn has had to give up his medical work for the present; cause, lack of workers and the great need in other lines of work. He says he could easily write an article on the demand for books and literature, etc., but something on the medical work must wait for the future."

—

Dr. Menzies writes as follows from Chang-te, Honan, under date of June 26th :—

"When I returned from home in December, Dr. McClure was doing the medical work, and I at once called in a large force of workmen, and have been repairing and building ever since, merely filling in gaps in the absence of Dr. McClure or later Dr. Leslie. Just now Leslie is away down in Huai-ching-yu at the call of Mr. Reid, engineer of the Peking Syndicate. A wire from Leslie states that he has opened a muscular abcess in calf of leg, and will soon return. The work since he came has, I think, been very interesting, and I will persuade him, if possible, to write it up for the next JOURNAL. As for myself I am very busy all the time with building, having two houses going on at the same time, besides repairs, etc., to others."

—
KULING, 30th August.

DEAR MR. EDITOR: I shall be glad if you will kindly publish in the October No. of the JOURNAL the enclosed minutes of a meeting I call-

ed up here. Of course these resolutions are in no sense an expression of the opinion of the Association, but I think are of value as indicating the attitude of the members living in the Yangtze valley to the question of a central association school.

As my term of president is nearly over the question of a conference will devolve, for decisions and notion, upon my successor, but I will do my best to collect information to hand on to him. I shall be glad if members of the Association will write me their views on such a conference, *direct* to Hankow, stating *where* and *when* they think such should be held and what should be its chief business. As no conference has been held since 1890, and the Association has largely increased since then, my own judgment is that time has come to readjust the whole organization of the Association, with a view to the better seizing of the opportunities of the future.

Yours sincerely,
SYDNEY R. HODGE,
President.

A special meeting of the members of C. M. M. A., resident at Kuling, was summoned by its president, Dr. S. R. Hodge, and met at Dr. Booth's house on Friday, 22nd inst. at 2 p.m. There were present: Drs. Glenton, Barrie, Beebe, Duval, Fowler, Gillison, Hart, Hodge, Huntley, Macklin, Osgood, Peake, Woodward, and Booth.

Dr. Hodge occupied the chair and called on Dr. Hart to open the meeting with prayer.

Dr. Booth was appointed secretary to the meeting.

The chairman then stated his reasons for summoning the meeting and said there were four points for consideration :—

1. The question of a central medical school in connection with the C. M. M. A. and the sister scheme of an Examination Board. He pointed out that these two schemes were not mutually exclusive.

2. The advisability of calling a general meeting of the members of the C. M. M. A.

3. A discussion on cholera.

4. The question of a union central medical school for the Yangtze valley.

Time allowed only for the discussion of 1 and 2.

The following resolutions were carried nem con:—

Resolved, "That it is highly advisable to have a central examining body appointed by the C. M. M. A. and a uniform standard of examinations for all China."

Proposed by Dr. Gillison and seconded by Dr. Hart.

Resolved, "That this meeting wishes to encourage the establishment of union medical college in different parts of China, but does not see its way at the present time to favor the establishment of a central school that should belong to the C. M. M. A."

Proposed by Dr. Huntley and seconded by Dr. Barrie.

Resolved, "That we ask the president of the C. M. M. A. to call a meeting of the Association at as early a date as practicable and that he and the medical missionaries at Hankow make the preliminary arrangements for the meeting."

Proposed by Dr. Beebe and seconded by Dr. Osgood.

The meeting was adjourned until Monday, August 25th, at Dr. Booth's at 2 p.m.

The meeting closed with prayer.

SYDNEY R. HODGE,
Chairman.

R. T. BOOTH,
Secretary.

August 25th, 1901.

LONDON MISSION,

PEKING, 28th August, 1902.

DEAR DOCTOR:

Last year we published no official report of our medical work, and therefore in Peking. we cannot expect people to know anything about it. Still may I be allowed to enlarge a little upon Dr. Peck's article in the July number of the CHINA MEDICAL MIS-

SIONARY JOURNAL on the reopening of medical work in Chihli with special reference to Peking.

In January, 1901, daily dispensary for men and women was started in the east city, with a ward for male in-patients superintended by Dr. Perthes, of the German Field Force, but entirely under the control of the London Mission. In the west city I did the same, giving up part of my own courtyard for the accommodation of female in-patients. In October of that year I was transferred to the east city mission, but still continued dispensary work in the west. Dr. Perthes was succeeded by the late Dr. Wordsworth Poole, C.M.G., in July, and he by Dr. Cochrane, of the Mission, in November.

Men's Medical Work of L. M. S. in 1901.

Dispensary visits	...	...	10,538
In-patients	...	...	71
Visits to patients' homes	...	...	22
Opium suicides treated	...	...	33

Women's Medical Work of L. M. S. in 1901

Dispensary visits	...	...	6,986
In-patients	...	...	48
Operations under chloroform	...	...	24
Operations under cocaine	...	...	2
Visits to patients' homes	...	...	164
Fees paid (no disp. charges)	Tls.		127.72

This work was carried on in the temporary premises we are still occupying.

The British opened a hospital and dispensary in the southern city, worked by the doctors in connection with the British and Indian troops. It has been very successful and still flourishes. Another was opened by them in the west city, and has now passed into the hands of the S. P. G.; one was opened by the Germans quite near to us here. I do not know much about it.

The American Presbyterians carried on women's dispensary work throughout 1901, as did also the Methodist Mission. I do not think they had many in-patients, but they paid a considerable number of visits to patients in their own homes.

I am sending a copy of this letter to Dr. Peck.

Believe me,

Very truly yours,

LILLIE E. V. SAVILLE.

CHI-CHOU MEDICAL MISSION,
c/o London Mission,
TIENTSIN, CHINA, Aug. 15th, 1902.

DEAR MR. EDITOR.

As permission has at last been granted us to return *Return to* to our country station *Chi-chou.* for purposes of rebuilding mission premises destroyed by the Boxers in 1900, you will naturally ask what I have been doing during the intervening two years.

Since our memorable flight from Chi-chou on June 22nd, 1900, particulars of which you have received (see CHINA MEDICAL MISSIONARY JOURNAL, Vol. xiv, page 296) when we fled to Chi-nan-fu (capital of Shantung), made our way from this city by boat along a small canal to the sea coast, and were picked up by a Japanese steamer and landed at Chefoo. Refugees being plentiful and every available accommodation occupied, we moved on to Japan. Here some of our missionaries took passage for home with their families. My wife and family remained with me in Kobe, awaiting the turn of events in China with hope of getting back to Tientsin. After a stay of two and a half months a telegram from our Society requested my immediate return to Tientsin to take charge of London Mission Hospital vacated by Dr. G. P. Smith, who returned home on furlough. Here I spent over a year. Most of the cases in hospital were surgical, and one had a grand opportunity of studying bullet wounds, as the various members of the allied troops would shoot down a Chinaman without the least provocation. One poor fellow was challenged by a French sentinel at night, and because he couldn't reply in that language, was shot at close quarters. He arrived in hospital three hours after accident with a jagged entrance wound on right side, caused by a Mauser bullet, from which two feet of bowel were protruding. The exit wound on left side was very large with kidney protruding and half

shot away. The bullet, after emerging from left side, crashed through lower end of humerus, causing a compound, commuted fracture. An army surgeon assisted me in returning the viscera and fixing the man up as best we could, but we heard that on reaching home the following morning he died from the shock. This is one of the many instances I could give of the reckless and pitiless manner in which the foreign soldiers, specially the French, treated Chinese. When Dr. Smith returned I resigned my connection with the hospital.

Things in the country were in a far too disturbed state to allow of the return of foreigners. I therefore employed the intervening time by accepting the post of interpreter to our British forces, Intelligence Department, for a period of five months. After this I became quarantine medical officer at Taku, boarding all incoming steamers and Chinese junks from infected ports in search of plague cases.

As soon as our Consul considered it safe for residence in the interior, permission was granted us, and away we went. My wife's health having fairly broken down, she left for England whilst I returned to our former station at Chi-chou. It is needless to enter into one's feelings at seeing our once prosperous mission station reduced to a heap of ruins. Four dwelling houses, a new church, flourishing medical mission, boys' school, girls' school, not only reduced to ruins but all the bricks stolen, even foundations dug up, trees taken away and little or nothing left to mark the spot where for thirteen years stood one of the most successful missions in North China. Many of our valuable drugs were thrown down our well. The *ext. glycyrrh. liq.* was mistaken for liquid opium and was carried away by an opium smoker as a 'great find.' I guess he had a lively time trying to smoke it!

Our compensation for loss of mission property, medical stores, instruments, etc., have been fully paid us by

officials on the spot, who expressed their great surprise at the indemnity claimed being so small a figure. Our personal losses were repaid in the same manner; also indemnity claimed by our native Christians who, like us, lost everything.

We once more start on a new career. Many faithful workers have been killed, but the work remains secure and untouched. They cannot destroy that, for the Word of our God abideth for ever. In Madagascar, South Seas, Armenia, England, they have tried hard to stamp out Christianity, but like the hydra of old for every head they cut off, ten more rise in its place. We are on the winning side against all the powers of evil that may be brought to bear on our work.

We are now in the throes of house building. One has to be ever on the spot to see there is no swindling done! In addition to this responsibility we have opened a small dispensary in the courtyard of our temporary premises, which can only boast of brick floors and paper windows, yet they are very comfortable. During the past two months the whole district has been visited with a fearful epidemic of Asiatic cholera of the most virulent type, the worst I have seen in China during my fifteen years' residence. The resources of our little dispensary were taxed to the utmost. Cholera mixture was being baled out from morn till night. In fact I kept a stock bottle in my bedroom for those who came at all hours of the night for medicine. It was distressing to hear the ceaseless wailing and crying of bereaved relatives at all hours of the day and far into the still hours of night announcing to the villagers generally that cholera had claimed another victim.

Quarantine regulations and sanitary precautions were out of the question and quietly ignored by the natives as a useless piece of unnecessary humbug. It is a very remarkable thing that wherever the Boxers gave

most trouble in 1900, *there* the cholera claimed the most victims.

In our city prison a number of murderers are still retained un punished. The officials seem to be taking no further steps in the matter, and not only so but the magistrate of our prefecture has liberated several of these men upon payment of a heavy bribe by the relatives. One murderer, a well known bad character, was set free, but as soon as he reached home he caught cholera and died the same day. "Vengeance is mine, I will repay," saith the Lord.

A well known writer on the recent China troubles says: When it is remembered what these men have done and with what savage brutality many of them have plotted to exterminate every foreigner in their jurisdiction in the new China that ensues after the peace negotiations have been confirmed, such officials ought not for a moment to be tolerated. . . . Let it be distinctly recognised that the development of Christianity in China will be and must be marked by conflict. It will undermine idolatry as it did in the Roman Empire, and upon the wreck of the old one will build a structure much fairer than the Roman, as the moral ideas of the Chinese race are higher and purer than those of that ancient state.

Christianity has been tried upon a small scale only and has already brought forth fruit. When it shall have been thoroughly tested and had opportunity of developing the potentialities, it will give to China intellectually, morally, and spiritually the elixir of a new life.

Sincerely Yours,
SEWELL S. MCFARLANE.

K'AI-FENG-FU, Sept. 2nd, 1902.

DEAR DOCTOR:

In answer to your letter asking for news, I beg to send *K'ai-feng-fu*. a few jottings.

On June 11th of this year, Mr. Powell, who opened a station here last

year, and myself, reached the city. I had been sent to do medical work and open up a hospital.

We first sought for premises suitable for temporary residence, pending the selection of a hospital site. Peculiar conditions obtain at K'ai-feng. The ground everywhere is very salt, even the bricks of the houses are damp from this cause. The roads are at a higher level than the courtyards of the houses, hence when it rains, the latter in many cases are converted into lakes. We entered our present house on June 26th and set to work to fit out a small room twelve feet by ten feet as a dispensary, furnishing it with shelves for drugs. Opening off this room is a three kien waiting room or chapel, where the patients would wait and be preached to. On the 9th of July, Dr. Carr, of Carlisle, England, joined us. He has been in this country for ten months, having come out from medical mission work in the homelands. It is a great strength having a fellow-medical colleague. Dr. Carr studies the language daily, but joins in the dispensary work, seeing his quota of patients—Mr. Powell acting as interpreter in case of difficulty.

Five days after his arrival, July 14th, we commenced 'out-patient' work. Twenty-five men came on the first afternoon, each paying a fee of fifty cash.

We felt it wise to charge from the very commencement, and arranged as follows:—

1. Dispensary patients, fifty cash a visit; drugs free, bottles charged for.

2. Patients coming at other than dispensary hours are charged 300 cash

3. Those visited in their own homes are required to send a cart and pay 1,000 cash.

Dispensary days are: Men, Tuesday and Thursday afternoons; women, Monday and Wednesday afternoons.

The numbers increased so rapidly and the confined space at our disposal was so inconvenient that we had to limit the attendances to thirty men and fifteen women respectively. On

July 28th, there were thirty-five women patients, and as each brought a number of friends and relations, we were much overrowded. Diary note for Juiy:—

29th.—Fifty men; decided to limit attendance.

31st.—Visited a patient in the K'ai-feng-fu college; case of 'urticaria bullosa'; met some of the teachers, one of whom greeted me in French and two others in English. The college is a fine building, temple-like in general form. In the large central lecture hall a Confucian tablet occupied a prominent position. The worship of this is demanded of the scholars, therefore Christian men are excluded.

Afternoon.—Some interesting cases, including two cases of tinea imbricata, very widely spread; one case of double synostosis of elbow joints, due to inflammation during an attack of small-pox; one case of the heart beating on the right side, probably old pleurisy; a case of lunacy; several cases of phthisis, rheumatism, paralysis, and various nervous troubles. From the medical point of view very interesting cases.

Evening.—Gospel meeting held in front courtyard, as the chapel is too small. Fully 150 must have crowded in. It was a remarkable sight to witness the dense throng of men gathered under the sound of the gospel and that in K'ai-feng-fu, which has so long resisted the entrance of a missionary. We thanked God and took courage.

We have ventured to do a little surgical work, such as the removal of tumours, etc. A large lipoma which owing to past needling by a Chinese doctor had become inflamed and very adherent, was removed without an anaesthetic beyond cocaine. The patient read hymns and the New Testament to divert his attention from the pain. He bore the operation splendidly and has made an excellent recovery. A long parotid tumour was similarly removed. The former case was in a Mohammedan I am told

there are 10,000 Mohammedan families in the city.

One or two cases have interested us peculiarly, as the Lord has used their stay to the conversion of their souls. One, that of a man who suffered in the troubles of 1900. Burglars attacked his house and smashed his leg. The tibia united in a very bad position and he was quite unable to walk. We operated, and now he can use the limb, and goes home, 300 English miles, *with a knowledge of Christ*. He said, ere leaving: "Jesus bid us turn the other cheek also." I have determined therefore not to go to law with my enemies.

Another case, that of a blind man, who has clearly come out on the Lord's side, has been a very definite encouragement. Thank God for these first fruits.

I have visited twenty houses in search of suitable property for the work, but all in vain. Everywhere courtyards are low and houses damp. Our own courtyards have been like lakes for days together during the recent heavy rains. We may settle to build outside the South Gate. The railway, "when it comes," will probably terminate there, and it will be convenient to be near to it.

Just now I am called away to a case of 'hu-luan-cheng,' a very fell disease, which in many features resembles cholera. People die of it in a few hours. The cases I have seen and treated with

rectal irrigations and the administration of *calomel* in small doses, and stimulants by the mouth and by hypodermic needle, have recovered. I have just seen a woman who was well this morning and almost pulseless by 4 o'clock this afternoon. Symptoms: cold perspiration, cramps, cyanosis, heart failure, and intense thirst.

In this case I regret to say the patient died, in spite of every effort made to save her.

Her husband is a man who is favourable to foreign innovations. I found him reading a paper which he said very few in this city would dare to read. It is a periodical with a 'reformer' tendency, and is edited by Kang Yu-wei. He told me his own father, who is a mandarin elsewhere, did not know that he took in this paper; his mother, though cognizant of the fact, did not stop him from so doing. Officials and gentry abound at K'ai-feng, but thus far not many have come to see us.

When we get good premises for the church work in the city, and a hospital properly appointed, established outside the city, and good assistants, I trust progress may be made.

It is a grand sphere for work full of possibilities.

Please pray for us.

Yours ever in best bonds,

G. W. GUINNESS.



BIRTH.

September 17th, at Weihaiwei, the wife of J. NORMAN CASE, M.D., of a son.

DEATHS.

July 10th, at Shanghai, SARAH KERR, M.D., W. U. M.

August 15th, at Kuling, MARY ELIZABETH, daughter of Dr. and Mrs. GEO. F. DE VOL, A. F. M., aged seven months.

September 24th, at Soochow, ELIZABETH, only child of Dr. and Mrs. J. B. FEARN, M. E. S. M., aged 5 years.

ARRIVALS.

July 26th, WM. MALCOLM, M.D., wife and three children, C. P. M., Hsin-chow.

August 18th, Dr. and Mrs. I. J. ATWOOD and child, and Dr. P. ATWOOD, A. B. C. F. M., Fen-chow-fu.

September 22nd, J. TOD, M.D., A. P. M., Canton.

September 27th, Miss GRANT, M.D., A. B. M. U., Swatow.

DEPARTURES.

June 7th, Mrs. Dr. W. R. FARIES and child, A. P. M., Wei-hsien.

June 20th, by Siberian Railway, Dr. ELEANOR CHESNUT, M.D., A. P. M., Lien-chow, for U. S. A.

July 19th, M. R. CHARLES, M.D., M. E. M., Nan-chang, for U. S. A.

September 13th, Miss M. I. STEVENSON, M.D., M. E. M., for U. S. A. via Europe.

Medical Missionary Association of China.

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TO

The China Medical Missionary Journal.

Vol. XVI, 1902.

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